S. No. 300
v. 10-48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41665

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anderson
c. LENGTH OF STAY (in this place): 29 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anderson
d. STREET ADDRESS (If rural, give location): East Main Street

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3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): WILLIAM
c. (Last): LANNING

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 30, 1868
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 0, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Gilford, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Lanning
13b. MOTHER'S MAIDEN NAME: Susan Lucks
14. NAME OF HUSBAND OR WIFE: Crissie Lanning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Crissie Lanning — ADDRESS: Anderson Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Left Bundle Branch Block

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Left Ventricular Hypertrophy
DUE TO (c): Myocardial Weakness

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Degeneration

INTERVAL BETWEEN ONSET AND DEATH: 3 years
4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1946, *to* December, 1949, *that I last saw the deceased alive on* 12/5/49, 19___, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Bush M.D.
23b. ADDRESS: Anderson Mo
23c. DATE SIGNED: 12/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-7-1949
24c. NAME OF CEMETERY OR CREMATORY: Anderson
24d. LOCATION (City, town, or county) (State): Anderson Mo.

DATE REC'D BY LOCAL REG.: 12-12-49
REGISTRAR'S SIGNATURE: Mayme Humphrey 42
25. FUNERAL DIRECTOR'S SIGNATURE: Tatum Funeral Home — ADDRESS: Anderson Mo
R E Cheatham " "

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 20 1949
District Health Office No. 6,
District File Number 1249-1403
Date Filed DEC 28 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me, Student Embalmer No. ✓, working under my personal supervision.

Student ✓
Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.