

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. 12589-49 REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6026 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Carrol</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Carrol</u>	
c. LENGTH OF STAY (In this place) <u>6 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. east of Centerville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi east of Centerville</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)			
<u>Jimmie</u>	<u>Dale</u>	<u>Lancaster</u>	<u>Jan.</u>	<u>9</u>	<u>1950</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Mar. 6 1949</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Tony Lancaster</u>		13b. MOTHER'S MAIDEN NAME <u>Eulene Carver</u>		14. NAME OF HUSBAND OR WIFE <u>#</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tony Lancaster, Centerville Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Cause of death <u>Pneumonia (bronchial)</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1/8/50, 1950, to same, 1950, that I last saw the deceased alive on 1/8/50, 1950, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. D. Pugh, M.D. (Coroner)</u>		23b. ADDRESS <u>Centerville, Mo</u>		23c. DATE SIGNED <u>1/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centerville</u>	
24d. LOCATION (City, town, or county) (State) <u>Centerville Mo.</u>					

DATE REC'D BY LOCAL REG. <u>1/15/50</u>		REGISTRAR'S SIGNATURE <u>P. M. Patrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>	
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RECEIVED 1/18/50  
District Health Officer No. 8,  
District File Number 15058  
Date Filed 1/19/50

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Dractor Ave

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

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