

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16513

State File No.

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5459 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Rural</u>	c. LENGTH OF STAY (in this place) <u>70 yrs.</u>	c. CITY OR TOWN <u>Rural</u> <u>8570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonisdanc, Missouri</u>		d. STREET ADDRESS <u>Bonisdanc</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELF</u>	b. (Middle)	c. (Last) <u>LANHAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 17 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>October 31, 1888</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Luther Lanham</u>	13b. MOTHER'S MAIDEN NAME <u>LETTIE KIRBY</u>	14. NAME OF HUSBAND OR WIFE <u>MARTHA E. LANHAM</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. FLARA MASON</u> ADDRESS <u>Bonisdanc Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ? yrs. <u>26 1/2 X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old age</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from about 1940, to MAY 17, 1950, that I last saw the deceased alive on few yrs. ago, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. B. Lemmon M.D.</u> (Degree or title)	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>5/18/50</u>
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24a. BURIAL, CREMATION (Specify) <u>BURIAL</u>	24b. DATE <u>May 19, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Greene Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/18/50</u>	REGISTRAR'S SIGNATURE <u>Gene A. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Wilson</u> ADDRESS <u>104 Cum. Funeral Home Ch. Home Mo.</u>
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RECEIVED

Greene County Health Office

County File Number 50-5-27

Date Filed 5-27-50

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 _____

Licensed Embalmer No. 4005

P. O. Address. Cash Moore Mo.

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.