V.S. No. 300
Rev. 10.48

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39522

0980
1

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4478 Registrar's No. 41

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

1. PLACE OF DEATH
a. COUNTY: SHUYLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LANCASTER
c. LENGTH OF STAY (In this place): 80 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: SCHUYLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LANCASTER 0980
d. STREET ADDRESS (If rural, give location): —

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

4. DATE OF DEATH (Month) (Day) (Year): NOV 27, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2
8. DATE OF BIRTH: 1869
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: HENDERSON LE GRANDE
13b. MOTHER'S MAIDEN NAME: MARY BURNETT
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. LULA MAIZE LANCASTER MO — ADDRESS

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) Deceased was found dead by neighbors. He lived alone. He had no nursing or care that we know of. There is no coroner in Schuyler county, and Zack. O'Briant, Magistrate attended, in company of sheriff and prosecuting attorn No signs of violence or any other unnatural causes. Apparently died quietly while asleep. Cause unknown, other than he had heart trouble. No inquest held.

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.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? ☐ ☐

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?

4343

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Zach O'Briant 3 Magistrate and acting coroner
23b. ADDRESS: Lancaster Mo
23c. DATE SIGNED: Nov. 29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV 29, 50
24c. NAME OF CEMETERY OR CREMATORY: ARNI
24d. LOCATION (City, town, or county) (State): LANCASTER, MO

DATE REC'D BY LOCAL REG.: Nov. 29/50
REGISTRAR'S SIGNATURE: Mrs. Ann Drake 355
25. FUNERAL DIRECTOR'S SIGNATURE: Everett R. Head — ADDRESS: Lancaster, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 5 1960
DISTRICT HEALTH OFFICE #2
District File Number 12-30-
Date Filed: DEC 7 1960

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.