

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 10 1951

BIRTH NO. 43112-50 REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6237 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Warren</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wright City Hickory Grove</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Clark</u>		0574
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Lanvermeier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 15, 1950</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>5</u>
IF UNDER 24 HRS. Days <u>24</u>	IF UNDER 10 MIN. Hours <u>10</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Charles, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Herman Lanvermeier</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Cropper</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Lanvermeier - Wright City, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Broncho-Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Asthma</u> DUE TO (c) <u>Possible Birth Injury</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>49ix</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 <u>Dec. 21, 1950</u> , to <u>Jan. 8, 1951</u> , that I last saw the deceased alive on <u>Jan. 8, 1951</u> , and that death occurred at <u>10:25 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Frank L. Sutton, D.O.</u>			23b. ADDRESS <u>Winfield, Missouri</u>		23c. DATE SIGNED <u>Jan 10, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Corinth</u>	24d. LOCATION (City, town, or county) (State) <u>Poley, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 4 - 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. F. W. Hughes</u>	335	25. (EMERALD DIRECTOR'S SIGNATURE) <u>[Signature]</u>	ADDRESS <u>Elsberry, Mo.</u>	

File No. _____
DISTRICT HEALTH OFFICE NO. 4

FEB - 9 1951

RECEIVED

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 _____

Halouchick

Licensed Embalmer No. _____

4012

P. O. Address _____

Elsberry, 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.