

No. 300
10.48
3650

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9648 Registrar's No. 43

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4422

1. PLACE OF DEATH a. COUNTY Putaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY OR TOWN Waynesville		c. CITY OR TOWN Rolla	
c. LENGTH OF STAY (in this place) 2 wks.		d. STREET ADDRESS (If rural, give location) Highway 63 South	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville Gen. Hospital			

3. NAME OF DECEASED (Type or Print) JOSEPH DANLEY LANNING			4. DATE OF DEATH March 10, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 5, 1886		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (State or foreign country) Beulah, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Wm. I. Lanning		13b. MOTHER'S MAIDEN NAME Elizabeth Dennison		14. NAME OF HUSBAND OR WIFE Mrs. Dora Lanning	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 406 14 1782		17. INFORMANT'S SIGNATURE OR NAME Mrs. Dora Lanning ADDRESS Rolla, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic vasoplegic		INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis		Unknown	
		DUE TO (c) degenerative blood vessel changes		Unknown	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic peptic ulcer		15 years	

19a. DATE OF OPERATION 9 Mar 1951		19b. MAJOR FINDINGS OF OPERATION P.O. adhesions of old peptic ulcer		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) 334 X	
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?	

22. I hereby certify that I attended the deceased from **2 Jan 1951**, to **10 March 1951**, that I last saw the deceased alive on **9 March 1951**, and that death occurred at **6:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE J. J. Evenden M.D. (Degree or title)		23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 12 March 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	
				24d. LOCATION (City, town, or county) (State) Rolla, Mo.	

DATE REC'D BY LOCAL REG. 3-19-51		REGISTRAR'S SIGNATURE Melba C. Buckner		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null ADDRESS Rolla, Mo.	
---	--	---	--	--	--

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

MAR 27 1951

Date Filed 3-19-51
File Number

Pulaski County Health Officer
RECEIVED 3-19-51

MAR 26 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Paul E. Gull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.