

FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13521**

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 66			
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) 24 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		0812			
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 63S				d. STREET ADDRESS (If rural, give location) Highway 63 S.					
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH			b. (Middle) JANE		c. (Last) LANNING		4. DATE OF DEATH (Month) (Day) (Year) April 21, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 21, 1852		9. AGE (In years last birthday) 98 IF UNDER 1 YEAR: Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Phelps County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Thomas Denison			13b. MOTHER'S MAIDEN NAME Pernelia Edgar			14. NAME OF HUSBAND OR WIFE Wm. Isaac Lanning			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. D. Sally Rolla, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia bronchial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Degenerative disease of age II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Senility (98)						INTERVAL BETWEEN ONSET AND DEATH 1 week Unknown Unknown	
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) 4500					
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 16 Aug 1951 to 21 April 1951 , that I last saw the deceased alive on 20 April 1951 , and that death occurred at 4:45 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Wm. V. Erickson M.D. (Degree or title)				23b. ADDRESS Rolla, Mo			23c. DATE SIGNED 25 April 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Beulah Cemetery		24d. LOCATION (City, town, or county) (State) Phelps Co., Mo.			
DATE REC'D BY LOCAL REG. Apr. 25, 1951		REGISTRAR'S SIGNATURE Nadine L. Steele		380		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null Rolla, Mo.			

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

RECEIVED
Pheip County Health Officer,
County File Number _____
Date Filed April 30, 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 [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 3397

P. O. Address Roller 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.