

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26229
881 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Washington | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Washington Twp. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile east of St. Joseph, Mo. | | d. STREET ADDRESS (If rural, give location) 1 mile east of St. Joseph, Mo. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Ella | b. (Middle) C. | c. (Last) Lomax | 4. DATE OF DEATH (Month) (Day) (Year) August 21, 1951 |
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|---------------|------------------------|--|-------------------------------------|------------------------------------|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH September 20, 1873 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|---------------|------------------------|--|-------------------------------------|------------------------------------|---------------------------|-------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Frederick Stenhan | 13b. MOTHER'S MAIDEN NAME Charlotte Thienhart | 14. NAME OF HUSBAND OR WIFE Harry C. Lomax |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Georgia Miller | ADDRESS 2019 Hommar St. St. Joseph, Mo. |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident 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. Catatonic Schizophrenia | | INTERVAL BETWEEN ONSET AND DEATH Unknown 3 years |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331X | 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) m. | 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 Aug. 14, 1951, to Aug. 21, 1951, that I last saw the deceased alive on 8-14, 1951, and that death occurred at 8:30A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE Allen Stuman MD | 23b. ADDRESS 620 Francis St. | 23c. DATE SIGNED 8-21-51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8-23-1951 | 24c. NAME OF CEMETERY OR CREMATORY Ashland Cem. | 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. |
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| DATE REC'D BY LOCAL REG. Aug 24, 1951 | REGISTRAR'S SIGNATURE Carl C. Casler | 25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home | ADDRESS St. Joseph, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

W. Newman

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 *W.E. Chumston*

Licensed Embalmer No. *4291*

P. O. Address. *319 E. 10 St. Joseph, 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.