

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27523
Registrar's No. 98

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington	
c. LENGTH OF STAY (In this place) 6 years		d. STREET ADDRESS (If rural, give location) 5 miles S.E. of Lexington	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5 miles S. E. of Lexington			

3. NAME OF DECEASED (Type or Print) a. (First) LONNIE b. (Middle) FRANK c. (Last) WAINSCOTT			4. DATE OF DEATH (Month) (Day) (Year) August 28 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 17, 1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 11 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming (owner)	11. BIRTHPLACE (State or foreign country) Not Known	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Millard Wainscott	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Myra Thomas
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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 Myra Thomas ADDRESS Lexington, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION --	19b. MAJOR FINDINGS OF OPERATION 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 April, 1951, to August 28 1951, that I last saw the deceased alive on Aug. 28, 1951, and that death occurred at 10:00pm., from the causes and on the date stated above.

23a. SIGNATURE Ben H. Brasher M.D. (Degree or title)	23b. ADDRESS Lexington, Mo.	23c. DATE SIGNED 9/1/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE August 31-51	24c. NAME OF CEMETERY OR CREMATORY Clearwater Cemetery	24d. LOCATION (City, town, or county) (State) Clearwater Kansas
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DATE REC'D BY LOCAL REG. Sept 8, 1951	REGISTRAR'S SIGNATURE M. E. ...	FUNERAL DIRECTOR'S SIGNATURE ... ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

540

RECEIVED 9-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-12-51

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 _____

Norman Sherson

working under my personal supervision.

Student Embalmer No. 427

Signed

J. Leo. McKean

Signed *Norman W. Sherson*
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Belington, Tennessee*

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.