

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1951

State File No. 42172

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS															
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN		c. LENGTH OF STAY (In this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN 0566		d. STREET ADDRESS (If rural, give location) XXXXXX 0													
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION XXXXXX				d. STREET ADDRESS (If rural, give location) XXXXXX															
3. NAME OF DECEASED (Type or Print) EDWARD			a. (First)		b. (Middle) A.		c. (Last) DANCE		4. DATE OF DEATH (Month) (Day) (Year) NOV. 27 1951										
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED—(Specify) WIDOWED		8. DATE OF BIRTH NOV. 3, 1870		9. AGE (In years last birthday) 81		if UNDER 1 YEAR Days 0		if UNDER 2 HRS. Hours 24							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCK TRADER				10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXX				11. BIRTHPLACE (State or foreign country) LEWISTOWN, MO. 0		12. CITIZEN OF WHAT COUNTRY? USA									
13a. FATHER'S NAME. EDWARD DANCE				13b. MOTHER'S MAIDEN NAME ELIZA HINKLE				14. NAME OF HUSBAND OR WIFE MATTIE MAY DANCE											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO XXXXXX				16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RAY DANCE LEWISTOWN, 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, asthma, etc. It means the disease, injury, or complication which caused death.												MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>																			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.																			
DUE TO (b) <u>Coronary Heart Disease</u>																			
DUE TO (c)																			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic extreme</u>																			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4201											
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>Nov. 9</u> , 1951, to <u>Nov. 27</u> , 1951, that I last saw the deceased alive on <u>Nov. 26</u> , 1951, and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.																			
23a. SIGNATURE (Degree or title) <u>Dr. Lee C. Thompson D.O.</u>								23b. ADDRESS <u>Lewistown, Mo.</u>				23c. DATE SIGNED <u>11-28-51</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				24b. DATE <u>NOV. 29, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN</u>				24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MISSOURI</u>									
DATE REC'D BY LOCAL REG. <u>12-10-51</u>				REGISTRAR'S SIGNATURE <u>P. St. Jennings</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles A. Arnold</u>				ADDRESS <u>LEWISTOWN, MO.</u>							

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 14 1951
DISTRICT HEALTH OFFICE #
District File Number 12-57
Date Filed: DEC 14 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.