

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12063**

FILED MAY 12 1952

BIRTH-NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **486**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (In this place) <b>30 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1205 N. 19th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b> b. (Middle) <b>Jerome</b> c. (Last) <b>Lant</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 30, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 18, 1909</b>	9. AGE (In years last birthday) <b>42</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bottle House</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brewery</b>		11. BIRTHPLACE (State or foreign country) <b>Tarkio, Missouri.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Harry Lant</b>		13b. MOTHER'S MAIDEN NAME <b>Una Snipea</b>		14. NAME OF HUSBAND OR WIFE <b>Leona Lant</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-18-8280</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Leona Lant</b> ADDRESS <b>St Joseph, Mo.</b>	

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) <b>Carcinoma of floor of mouth with metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>mouth with metastasis</b>			
		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 <b>same</b>		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)	
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 **2/4/1949**, to **4/30, 1952**, that I last saw the deceased alive on **4/30, 1952**, and that death occurred at **2:05 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph L. Fisher M.D.</b>		23b. ADDRESS <b>824 Edmund</b>		23c. DATE SIGNED <b>3/5/52</b>	
24a. BURIAL (CREMATION) REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 3, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	

DATE REC'D BY LOCAL REG. <b>May 8, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Carter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter H. Reichhoffer</b> ADDRESS <b>St. Joseph, Mo.</b>	
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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 \*\*\*\*\*

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working under my personal supervision.

Student Embalmer No. ....\*\*\*\* \*\*\*\*\*

Signed *Elliott C. Huntington*

Signed.....\*\*\*\*\* \*\*\*\*\*  
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.