S. No. 300 FILED APR 19 1952
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15300

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 3073 Registrar's No. 13

1001

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chaffee
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Scott 1001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chaffee 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Lawrence c. (Last) Lance

4. DATE OF DEATH (Month) Apr (Day) 5 (Year) 1952

5. SEX Make 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH JAN 29, 1894
9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months 2 Days 6 IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ~~Jan 9 1894~~ Princeton, Ind
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John W Lance
13b. MOTHER'S MAIDEN NAME Lucy Rutledge
14. NAME OF HUSBAND OR WIFE Mamie Irene Lance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Thresa Hess ADDRESS Chaffee 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE PULMONARY HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 15 MIN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) BRONCHIECTASIS — 5 YRS (?)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. MITRAL INSUFFICIENCY — 6 MO

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION NONE 526X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? NONE

22. *I hereby certify that I attended the deceased from* MAR, 1951, *to* APRIL, 1952, *that I last saw the deceased alive on* APRIL 3, 1952, *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. J. Mosebach (Degree or title) D.O.
23b. ADDRESS CHAFFEE, MO.
23c. DATE SIGNED 4-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr 8, 1952
24c. NAME OF CEMETERY OR CREMATORY Wightner Memorial
24d. LOCATION (City, town, or county) Illmo (State) Mo

DATE REC'D BY LOCAL REG. April 8-52
REGISTRAR'S SIGNATURE Mrs F. Bisplinghoff 445 0
25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff Funeral Home ADDRESS Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 14 195

SCOTT COUNTY HEALTH CENT

CO. FILE NO. 452-10

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 Jack T. Burnett

Signed.....
Student Embalmer

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.