.300
.48

FILED SEP 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27040

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5013 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Andrew 0020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Fillmore
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5 mi north Fillmore 0020
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Elmer
c. (Last): Lance

4. DATE OF DEATH (Month) (Day) (Year): 9 - 7 - 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11-12-1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 9, Days 25 — IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Andrew co mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Issac Lance
13b. MOTHER'S MAIDEN NAME: Hannah Alloway
14. NAME OF HUSBAND OR WIFE: Linnie Jane Lance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Linnie Lance Fillmore 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) Coronary Embolism — 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)

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: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 1, 1951, *to* Sept 7, 1952, *that I last saw the deceased alive on* Sept 6, 1952, *and that death occurred at* 5:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. V. R. Wilson MD.
23b. ADDRESS: Rosendale, mo
23c. DATE SIGNED: 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-9-52
24c. NAME OF CEMETERY OR CREMATORY: Antioch
24d. LOCATION (City, town, or county) (State): near Fillmore mo

DATE REC'D BY LOCAL REG.: 9-9-52
REGISTRAR'S SIGNATURE?: Lillian Sparks
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Breit Funeral Home Savannah mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 17 1952

OCT 3 1952

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah M

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

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