

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38191

State File No. _____

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 14

350
1

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

| | | | | | |
|--|---|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u> | | |
| b. CITY OR TOWN <u>Hobles Star Route</u> | | c. LENGTH OF STAY (In this place) <u>2 yrs.</u> | c. CITY OR TOWN <u>Hobles Star Route</u> | | d. STREET ADDRESS (If rural, give location) <u>3 1/2 S.W. Hobles</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 S.W. Hobles</u> | | | d. STREET ADDRESS (If rural, give location) <u>3 1/2 S.W. Hobles 0350</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> | | b. (Middle) <u>Raymond</u> | c. (Last) <u>Lansom</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>June 28, 1909</u> | 9. AGE (In years last birthday) <u>43</u> | if UNDER 1 YEAR: Months <u>4</u> Days <u>7</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett, Mo. Route 2</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>John William Lansom</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lee Sparks</u> | 14. NAME OF HUSBAND OR WIFE <u>Thomas</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John W. Lansom</u> ADDRESS <u>Hobles Star Rd</u> | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | MEDICAL CERTIFICATION | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>47 min</u> | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | II. OTHER SIGNIFICANT CONDITIONS <u>Enteritis</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) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) |
| 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>11/5/52</u> , 19 <u>52</u> , to <u>11/5/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/5/52</u> , 19 <u>52</u> , and that death occurred at <u>10:00 PM</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Dr. R. J. Louis</u> (Degree or title) | | | 23b. ADDRESS <u>Honoverville, Mo.</u> | | 23c. DATE SIGNED <u>11/5/52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov 6 - 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Bennett Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>11-10-52</u> | REGISTRAR'S SIGNATURE <u>Bertha Kinschumy</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lery</u> | | ADDRESS |

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT11-13-52.....

COUNTY FILE NUMBER .1152-310...

Handwritten signature

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.....

Licensed Embalmer No.

P. O. Address.....

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.