

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22680**

FILED JUL 13 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If inside corporate limits, write RURAL and give township) Farmington Rural St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) DeSoto	
c. LENGTH OF STAY (If in institution) 131, 9, 13		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print) VERONICA	a. (First)	b. (Middle) L.	c. (Last) LANAHAN	4. DATE OF DEATH (Month) (Day) (Year) June 20, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 12, 1901	9. AGE (In years less birthday) IF UNDER 1 YEAR 52 Months 3 Days 8 Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - house work at home.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="radio"/> St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Lanahan	13b. MOTHER'S MAIDEN NAME Kathryn Kennedy	14. NAME OF HUSBAND OR WIFE Samuel Dunn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington Mo.	ADDRESS
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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) Acute hemorrhagic nephritis - - - - -		1 mo., 11 das
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with epilepsy.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 590x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 May 9, 1953, to June 20, 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at 6:40P-m., from the causes and on the date stated above.

23a. SIGNATURE <i>John P. Brennan, M.D.</i>	(Degree or title)	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 6-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-25-53	24c. NAME OF CEMETERY OR CREMATORY Anat. Dept. Washington Univ., St. Louis, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. JUNE 21, 1953	REGISTRAR'S SIGNATURE <i>Ethel Rudolph</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Via</i>	ADDRESS Cozean Funeral Home, Farmington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

2940
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

not embalmed

Signed _____

W. H. Cozart

Licensed Embalmer No. *4084*

P. O. Address *Farmington, Me.*

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.