

No. 300
0-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23650

State File No.

FILED JUN 30 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before b. COUNTY <u>Boone, Mo.</u>) a. STATE <u>115-22-115 St Long Island N.Y.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>115-22-115 St. 03 one park & J. N.Y.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died in Ambulance</u>		d. STREET ADDRESS (If rural, give location) <u>115-22-115 St. one pk. & J. N.Y.</u>	

3. NAME OF DECEASED (Type or Print) <u>Dorothy</u>	a. (First)	b. (Middle)	c. (Last) <u>Lantzen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Dec. 4 1930</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>School teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Alfred Lantzen</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Heister</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>047-24-7217</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Simonson Funeral Home</u>	ADDRESS <u>New York, N.Y.</u>
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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, asphyxia, 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) <u>Broken neck.</u>		<u>E 8164</u> <u>26</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cut on back of head</u>		<u>108</u>
DUE TO (c) <u>Loss of blood; Internal injuries</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Due to automobile accident. Collision of two automobiles.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>running together at street intersection</u>	19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street intersection</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Nevada Vernon MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-26-53 10:00 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Collision of two automobiles</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I first saw the deceased alive on _____, 19____, and that death occurred at 10:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter D. Thurman, Coroner</u>	23b. ADDRESS <u>Nevada Missouri</u>	23c. DATE SIGNED <u>6-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond Hill L. J. N. Y.</u>
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DATE REC'D BY LOCAL REG. <u>6-26-53</u>	REGISTRAR'S SIGNATURE <u>Carma E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hoy's</u>	ADDRESS <u>Nevada Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

H. H. Marmaduke

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *H. H. Marmaduke*

Licensed Embalmer No. *2070*

P. O. Address *Evada, 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.