

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4652**

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5521** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY <b>Hickory</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Hickory</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN "Rural" Center Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN "Rural" Center Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. Hermitage</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. Hermitage</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Iva</b> b. (Middle) <b>Allen Lighfoot</b> c. (Last) <b>Lanker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 19 1954</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 12, 1881</b>
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Polk County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>John Mitchell Rush</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Emma Burns</b>	14. NAME OF HUSBAND OR WIFE <b>Emil Lanker</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ada Kinslow</b>
		ADDRESS <b>Flemington, Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Cardiovascular Renal</b> DUE TO (c) <b>Diarrhea</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>442X</b>			

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)	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 **Feb. 2, 1954**, to **Feb. 7, 1954**, that I last saw the deceased alive on **Feb. 7, 1954**, and that death occurred at **8 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. D. Smith M.D.</b>	23b. ADDRESS <b>Bolivar Mo.</b>	23c. DATE SIGNED <b>2/20/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Feb. 21, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Polk County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-23-54</b>	REGISTRAR'S SIGNATURE <b>May Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Turpin Funeral Home</b>	ADDRESS <b>Bolivar, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

430

**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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.