

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

9584

State File No.

FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 139

1. PLACE OF DEATH
a. COUNTY Pettis **2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pettis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia c. LENGTH OF STAY (In this place) 50 yrs c. CITY OR TOWN Sedalia d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1219 East 4th St. • STREET ADDRESS (If rural, give location) 1219 East 4th St. 0804

3. NAME OF DECEASED a. (First) LUCY b. (Middle) L. c. (Last) HOMAN **4. DATE OF DEATH** (Month) (Day) (Year) March 31, 1954

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Sept. 5, 1881 **9. AGE** (In years last birthday) 72 If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** Own Home **11. BIRTHPLACE** (City and State or Foreign Country) St. Claire Co., Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Samuel A. Lane **13b. MOTHER'S MAIDEN NAME** Lavine McKibben **14. NAME OF HUSBAND OR WIFE** Samuel R. Homan

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.** None **17. INFORMANT'S SIGNATURE OR NAME** Samuel R. Homan, Sedalia, Mo. **ADDRESS**

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) Cerebral hemorrhage
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) arteriosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
5 yrs.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO 331 X

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) (Min.) _____ **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 MAR. 25 1954, to Mar. 31 1954, that I last saw the deceased alive on MAR. 31, 1954, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] D.O. **23b. ADDRESS** Sedalia, Mo. **23c. DATE SIGNED** 4/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 4/2/1954 **24c. NAME OF CEMETERY OR CREMATORY** Mt. Olive Cemetery **24d. LOCATION** (City, town, or county) (State) Morgan Co, Missouri

DATE REC'D BY LOCAL REG. 4-2-54 **REGISTRAR'S SIGNATURE** [Signature] **25. FUNERAL DIRECTOR'S SIGNATURE** [Signature] **ADDRESS** Sedalia, Mo

L. Campbell and D. J. [Signature]
(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Russell C. Maag*.....

Licensed Embalmer No. *480*.....

P. O. Address *Sedalia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.