

FILED JUN 16 1954
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RN-6649

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18104

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (If this place) 9 days		d. STREET ADDRESS (If rural, give location) 110 North Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) GUY		b. (Middle) E.	
c. (Last) LANIUS		4. DATE OF DEATH (Month) (Day) (Year) June 2, 1954	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 15, 1918	
9. AGE (In years last birthday) 35		10. IF UNDER 1 YEAR Months Days 0	
11. IF UNDER 1 HOUR Hours 0		12. IF UNDER 1 MIN. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender & Waiter		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	
11. BIRTHPLACE (City and State or Foreign Country) Keyville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDWARD R. LANIUS		13b. MOTHER'S MAIDEN NAME EVA R. DUNLAP	
14. NAME OF HUSBAND OR WIFE CORA LANIUS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		ADDRESS	
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) CIRRHOSIS			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>5-24-54</u> , 19 <u>54</u> , to <u>6-2-54</u> , 19 <u>54</u> , and that death occurred at <u>2:35p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE HARRY J. PRICE, M.D. Chief Med. Serv.		23b. ADDRESS VA Hospital Poplar Bluff, Mo.	
23c. DATE SIGNED 6-3-54			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-2-54	
24c. NAME OF CEMETERY OR CREMATORY Cape Girardeau Mo.		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
DATE REC'D BY LOCAL REG. 6/11/54		REGISTRAR'S SIGNATURE R. W. Muntz	
25. FUNERAL DIRECTOR'S SIGNATURE Beer-Cray & Jitch		ADDRESS Poplar Bluff Mo.	

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

RECEIVED

JUN 14 1954

WYLER CO. HEALTH CENTER

FILE No. _____

JUN 28 1954

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 6-2-54

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Phil A Leuchel

Licensed Embalmer No. 2936

P. O. Address Paplar Bluff M

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.