

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31441

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>3055</u>		Registrar No. <u>106</u>		
1. PLACE OF DEATH a. COUNTY <u>Lack</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lack</u>				
b. CITY OR TOWN <u>Calverton</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Calverton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Benton Street</u>				e. STREET ADDRESS (If rural, give location) <u>Benton Street 0840</u>				
3. NAME OF DECEASED (Type or Print) <u>Lenny</u>			a. (First)		b. (Middle)		c. (Last) <u>Lo Pau</u>	
4. DATE OF DEATH <u>May 23 1954</u>		(Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>whi</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug 22 1881</u>		9. AGE (In years last birthday) <u>72</u>		10. UNDER 1 YEAR Days <u>9</u> Hours <u>2</u>		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Commislator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Co Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Lo Pau</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Emerck</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lack Co Health Officer Calverton</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>331X</u>				
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>May 24, 1954</u> to _____, 19____, that I last saw the deceased alive on <u>May 24, 1954</u> and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edward B. Ewing</u> (Degree or title) _____				23b. ADDRESS <u>Calverton Mo.</u>		23c. DATE SIGNED <u>May 25/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 27/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barren Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>W. of Calverton Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept 27, 1954</u>		REGISTRAR'S SIGNATURE <u>Ralph Jordan</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James & Blue</u>		ADDRESS <u>Calverton Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WHILE 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 *Steward E. Evers*.....

Licensed Embalmer No. *34*

P. O. Address *Baltimore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.