

FILED JAN 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2077

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5960 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Platte /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Greene		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 60 yrs.		e. STREET ADDRESS (If rural, give location) Dearborn, Mo. Rte. # 2 0630	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dearborn, Mo. Rte. # 2			

3. NAME OF DECEASED (Type or Print) a. (First) Edward Beery Davis Lann b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 1/9/1955
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5. SEX Male 2	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0	8. DATE OF BIRTH 1/7/1892	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Edgerton, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Taylor Lann	13b. MOTHER'S MAIDEN NAME Louella Holland	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Fred Lann, Dearborn Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving DUE TO (b) _____ 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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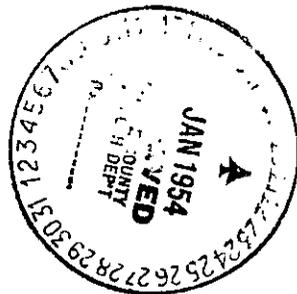
22. I hereby certify that I attended the deceased from APPROX 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 5:30 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Coland M. Goffe, Coroner	23b. ADDRESS Platte City, Mo.	23c. DATE SIGNED 1-9-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/11/1955	24c. NAME OF CEMETERY OR CREMATORY Mecca Cemetery	24d. LOCATION (City, town, or county) (State) Plattsburg, Mo.
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DATE REC'D BY LOCAL REG. 1-10-1955	REGISTRAR'S SIGNATURE Alpha Racina	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. Collins - Park, Edgerton, Mo.
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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 *W. LeRoy Mooney*.....

Licensed Embalmer No..... 47

P. O. Address *K.P.G.*.....

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.