No. 300
10-46

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3577

BIRTH NO. _____ REG. DIST. NO. 325' PRIMARY REG. DIST. NO. 4477 Registrar's No. 5'

0980
1

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

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenwood
c. LENGTH OF STAY (in this place): gyro.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Schuyler
c. CITY OR TOWN: Glenwood
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0980

3. NAME OF DECEASED (Type or Print)
a. (First): Leonard
b. (Middle): Stowball
c. (Last): Lonis

4. DATE OF DEATH (Month) (Day) (Year): Jan 29 55

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): /
8. DATE OF BIRTH: Apr 20 1871
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 9, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and State or Foreign Country): Terre Haute Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Lonis
13b. MOTHER'S MAIDEN NAME: Martha Jane Wilkins
14. NAME OF HUSBAND OR WIFE: Margaret Lonis

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: Glen Lonis — ADDRESS: Lancaster Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Cholecystitis

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* 1-14-54, ~~10~~, *to* 1-29, 1955, *that I last saw the deceased alive on* 1-29, 1955, *and that death occurred at* 5:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: H.R. Stoker — (Degree or title): D.O.
23b. ADDRESS: Lancaster, Mo.
23c. DATE SIGNED: 1-31-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 31 1955
24c. NAME OF CEMETERY OR CREMATORY: Plesant Grove
24d. LOCATION (City, town, or county) (State): Near Glenwood Mo

DATE REC'D BY LOCAL REG.: 1-31-55
REGISTRAR'S SIGNATURE: Chas. Arfo Drake
353-0
25. FUNERAL DIRECTOR'S SIGNATURE: Morehead & Norman — ADDRESS: Lancaster Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Nova E. Foster

Licensed Embalmer No. 474

P. O. Address Kirksville

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