

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 196

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph  
c. LENGTH OF STAY (in this place) life  
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview at Sunnyslope  
3225 S. 11th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY OR TOWN Faucette, Mo.  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 0110

3. NAME OF DECEASED  
a. (First) Nora b. (Middle) Nellie c. (Last) Lansaw  
4. DATE OF DEATH February 14, 1955

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH October 24, 1880 9. AGE (In years last birthday) 74

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) Buchanan County, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Tobe Lamar 13b. MOTHER'S MAIDEN NAME Fannie Hurst 14. NAME OF HUSBAND OR WIFE William Clarence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Lansaw, Faucett, Missouri

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) Coronary Occlusion approx 3 mi  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Cerebrovascular Accident  
& Hemiparesis Since 4-7-52  
DUE TO (c) Hypertension & Arteriosclerosis ?  
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 331X 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) 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 5-7, 1950, to 2-14, 1955, that I last saw the deceased alive on 2-17, 1955, and that death occurred at 7:00a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED  
Wm B. Ralston 316 No 10th St. Joplin, Mo. 2-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 485 2/16/1955 24c. NAME OF CEMETERY OR CREMATORY Turner Cemetery 24d. LOCATION (City, town, or county) (State) Buchanan County, Mo.

DATE REC'D BY LOCAL REG. Feb 21, 1955 REGISTRAR'S SIGNATURE Heather M. Allison 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bauman St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr Post.*

JAN 22 1957

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 *William Spalding*

Licensed Embalmer No. 4533

P. O. Address 319 S 10th St

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.