

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11244**BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **189**

1. PLACE OF DEATH a. COUNTY Cape Girardeau			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 Cape Girardeau		c. LENGTH OF STAY (If this place) 14 days	c. CITY (If outside corporate limits, write RURAL and give township) Jackson		d. STREET ADDRESS (If rural, give location) 128 East St 010/1
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WASHINGTON c. (Last) LANPHER			4. DATE OF DEATH (Month), (Day), (Year) April 14, 1955		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed	8. DATE OF BIRTH Jan. 22-1863	9. AGE (In years) last birthday 92	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fredericktown Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Felix Lanpher		13b. MOTHER'S MAIDEN NAME Mounce		14. NAME OF HUSBAND OR WIFE Netida Lewis Lanpher	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis Lanpher, Millersville 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) Arteriosclerosis, generalized		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
			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. _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500			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) m.		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 3-31, 1955 , to 4-14, 1955 , that I last saw the deceased alive on 4-14, 1955 , and that death occurred at 8:45 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) C.F. McDonald M.D.			23b. ADDRESS Jackson, Mo.		23c. DATE SIGNED 4-20-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 16, 1955	24c. NAME OF CEMETERY OR CREMATORY Snider	24d. LOCATION (City, town, or county) (State) Millersville, Mo.		
DATE REC'D BY LOCAL REG. 4-21-55		REGISTRAR'S SIGNATURE C.C. Summers 44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Jackson Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Lyman Steele

Signed.....
Student Embalmer

Licensed Embalmer No. 2476

P. O. Address Quikaw 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.