

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1955

State File No. 12326

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 150	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Cherokee			
b. CITY OR TOWN John		c. LENGTH OF STAY (in this place) 3 mo		c. CITY OR TOWN Baxter Springs		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 Herman Hospital				e. STREET ADDRESS (If rural, give location) 1238 Chouteau 8158			
3. NAME OF DECEASED (Type or Print) a. (First) Hazel b. (Middle) J. c. (Last) Lammack			4. DATE OF DEATH (Month)- (Day) (Year) April 8-55				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 22-1890		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Cherokee County Kans.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lewis Rowe		13b. MOTHER'S MAIDEN NAME Jennie Rowe		14. NAME OF HUSBAND OR WIFE John F. Lammack			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John F. Lammack Baxter Spgs Kas			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Etiology unknown 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 4 mo.
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)			
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 1-31, 1955, to 4-8, 1955, that I last saw the deceased alive on 4-8, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. L. Bogan, M.D.				23b. ADDRESS Baxter Springs, Mo.		23c. DATE SIGNED 4-11-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-8-55	24c. NAME OF CEMETERY OR CREMATORY Baxter Spgs Cemetery		24d. LOCATION (City, town, or county) (State) Baxter Springs, Kansas			
DATE REC'D BY LOCAL REG. 4-18-55		REGISTRAR'S SIGNATURE C. J. Jernigan 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lance Wene Baxter Spgs Kas.			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 28-4-280  
Ohio Filed APR 25 1955

APR 27 1955

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 Wene Funeral Home Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed James Wene

Licensed Embalmer No. 2880

P. O. Address Bayley 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.