

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30082

State File No. ....

FILED OCT 3- 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5146 Registrar's No. 78

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R. 1 Marionville</u>	c. LENGTH OF STAY (in this place) <u>4 months</u>	c. CITY OR TOWN <u>Warrensburg</u>	d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buck Prairie Twp.</u>		e. STREET ADDRESS (If rural, give location) <u>210 Drummond St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bertha</u>	b. (Middle) <u>Maud</u>	c. (Last) <u>Lazenby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1955</u>
-------------------------------------	--------------------------	-------------------------	--------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 26, 1872</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>82</u> <u>11</u> <u>2</u>	IF UNDER 1 YEAR IF UNDER 11 HRS.
-------------------------	----------------------------------	--	--	--	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Knob Noster, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	-----------------------------------	---	---

13a. FATHER'S NAME <u>Henry Brant</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Hoover</u>	14. NAME OF HUSBAND OR WIFE <u>Harvey W. Lazenby</u>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harvey W. Lazenby, Marionville, Mo.</u>	ADDRESS
--	--------------------------------------	---	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <u>3.3.14</u>		
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"/>
------------------------	----------------------------------	---

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 <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 Sept 23, 1955, to Sept 28, 1955, that I last saw the deceased alive on Sept 23, 1955, and that death occurred at 9:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. S. Loman</u>	(Degree of title) <u>M.D.</u>	23b. ADDRESS <u>Marionville, Mo.</u>	23c. DATE SIGNED <u>9/28/55</u>
--------------------------------------	----------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Sept. 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Warrensburg Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>
---	------------------------------------	---	--

DATE REC'D BY LOCAL AREG. <u>Sept 28/55</u>	REGISTRAR'S SIGNATURE <u>Osai Mc Natt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Curridge</u>	ADDRESS <u>Marionville, Mo.</u>
--	--	---	------------------------------------

1937 A & 10M

**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..... *Herman Currid*

Licensed Embalmer No. *508*

P. O. Address *Marion*

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