

FILED OCT 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 30261
Registrar's No. 94

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) _____	
d: FULL NAME OF HOSPITAL OR INSTITUTION K.C.B Railway Crossing Highway #60 & 71 Alt			

3. NAME OF DECEASED (Type or Print) Homer C. Lancaster		c. (Last) Lancaster		4. DATE OF DEATH (Month) (Day) (Year) Sept 28, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 30, 1919	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR: Months 10 Days 28 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and State or Foreign Country) Mathew, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Homer J. Lancaster		13b. MOTHER'S MAIDEN NAME Bess Huffstetler		14. NAME OF HUSBAND OR WIFE Edna	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Army # 2		16. SOCIAL SECURITY NO. 496-30-36532		17. INFORMANT'S SIGNATURE OR NAME Edna Lancaster ADDRESS St, Louis, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) BURNED TO DEATH			
		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		8100 27	
		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"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Neosho Newton Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 29 1955 7:40 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? TRUCK TRAIN HIT TRUCK	
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22. I hereby certify that I attended the deceased from _____, 19____, to **9-28**, 19**55**, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Melvin C. Brown (Degree or title) _____		23b. ADDRESS Neosho, Mo.		23c. DATE SIGNED 9/28/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		24d. LOCATION (City, town, or county) (State) St, Louis County, Mo.	
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DATE REC'D BY LOCAL REG. 9/29/55		REGISTRAR'S SIGNATURE Melvin C. Brown		25. FUNERAL DIRECTOR'S SIGNATURE Clark-Bigham Mortuary ADDRESS Neosho, Mo.	
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District No.

District File

Date Filed OCT 7 1955

OCT 10 1955
OCT 11 1955

OCT 18 1955

MAR 5 1956

NEOSHO, MISSOURI

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 was not American Emb - Pauntz Elvial + Harding Gump, Student Embalmer No. 4770 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4770

P. O. Address Joplin, Mo

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.