

FILED NOV 8 1955

STANDARD CERTIFICATE OF DEATH

State File No. 32601

BIRTH NO.		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>5295</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg Concord</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u>		e 250	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lewis Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>201 E 13 ROADWAY</u>			
3. NAME OF DECEASED (Type or Print) <u>ROSA</u>		a. (First)		b. (Middle) <u>MYRTLE</u>		c. (Last) <u>LANCASTER</u>	
4. DATE OF DEATH <u>NOV 1 1955</u>		4. DATE (Month) (Day) (Year)		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JUNE 28 1876</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR: Months <u>4</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home trapper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>G. B. LANCASTER</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA MARTIN</u>		14. NAME OF HUSBAND OR WIFE			
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Beulah Porter Plattsburg Mo.</u>			
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) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4221</u> II. OTHER SIGNIFICANT CONDITIONS <u>Anemia, Secondary</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>6 yrs</u> <u>6 yrs</u>	
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 <u>1949</u> , 19 <u>55</u> to <u>Nov 1, 1955</u> , that I last saw the deceased alive on <u>Oct 29, 1955</u> , and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. B. Galloway MD</u> (Degree or title)				23b. ADDRESS <u>Plattsburg Mo</u>		23c. DATE SIGNED <u>Nov 1 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 3, 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seareed</u> <u>441-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. B. Lyon</u>		ADDRESS <u>Plattsburg Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Phillips E Cox

Student Embalmer No. *518*

working under my personal supervision.

Student _____

Phillips E Cox
Student Embalmer

Signed _____

Daniel W. Lyon

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.