

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31520

State File No. ....

FILED OCT 8 1956

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5841</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give name of township) <u>Rural Buffalo</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. East of Seneca</u>				e. STREET ADDRESS (If rural, give location) <u>6 mi SE. of Seneca 0700</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u>		b. (Middle) <u>Almeda</u>		c. (Last) <u>Lankford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23, 1956</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>mar.</u>		8. DATE OF BIRTH <u>2-19-1892</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
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>Stone Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Chas. W. Crow</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda W. Hayes</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Lankford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Lankford, etc. Seneca 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u>			
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		331X		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>July 20, 1954</u> to <u>July 23, 1956</u> that I last saw the deceased alive on <u>Sept. 23, 1956</u> , and that death occurred at <u>7:18 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John B. Roberts</u>				23b. ADDRESS <u>P.O. Box 295 Seneca Mo.</u>		23c. DATE SIGNED <u>9/24/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/26/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thompson's Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Newton Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-25-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Bell, Seneca Mo.</u>			

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

**RECEIVED**

District Health Officer No. Newton  
District File Number 1056-162  
Date Filed OCT 1 1956

**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 W E Biddleman

Licensed Embalmer No. 217

P. O. Address Seneca

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.