

THE DIVISION OF HEALTH OF MISSOURI
 FILED OCT 16 1956 STANDARD CERTIFICATE OF DEATH

35795

State File No. _____

8894

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS		b. COUNTY MACON	
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 27 days		c. CITY OR TOWN DECATUR	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 750 HILLOREST BLVD.			

3. NAME OF DECEASED (Type or Print) a. (First) RONALD DEAN b. (Middle) LANTER c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 9-26-56		
5. SEX MALE	6. COLOR OR RACE WHITE	7. <input checked="" type="checkbox"/> MARRIED NEVER MARRIED, <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify) Never Married	8. DATE OF BIRTH 4-22-56	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) DECATUR, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME PAUL J. LANTER	13b. MOTHER'S MAIDEN NAME MARGARET CHOATE	14. NAME OF HUSBAND OR WIFE NONE
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME B. Britton	ADDRESS 500 S. KINGSHIGHWAY
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease		INTERVAL BETWEEN ONSET AND DEATH congenital
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dextrocardia, interatrial septal defect		
	DUE TO (c) Cor triloculare biatriatum		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 754.4			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **7-30-56**, 19____, to **9-26-56**, 19____, that I last saw the deceased alive on **9-26-56**, 19____, and that death occurred at **5:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. K. Middlecamp M.D.	23b. ADDRESS 500 S. KINGSHIGHWAY	23c. DATE SIGNED 9-26-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-27-56	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Decatur, Ill.
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DATE REC'D BY LOCAL REG. SEP 27 1956	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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H. G. K. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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 *Edward J. Haines*.....
Licensed Embalmer No. *410*.....
P. O. Address *St. Louis*.....

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. - -