

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39056

STATE FILE NUMBER

FILED NOV 27 1956

Registration District No. 282 Primary Registration District No. 5982 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY POLK				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI , COUNTY POLK					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLEASANT HOPE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN PLEASANT HOPE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT. # 1			Length of stay in 1b 80 YRS.		d. STREET ADDRESS RT. # 1 (If outside, give location) 0840		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First LYDIA Middle FLORENCE Last LANEY				4. DATE OF DEATH Month NOV. Day 21 Year 1956					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 22 FEB. 1867		9. AGE (In years last birthday) 89	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) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME BENJAMIN CASH				14. MOTHER'S MAIDEN NAME MARY DUNCAN					
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. NO		17. INFORMANT Address FINIS LANEY PLEASANT HOPE, MO.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure Coronary thrombosis and Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial infarction DUE TO (c) Arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH Unknown 26 days Unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Oct. 26, 1956 to Nov. 21, 1956 and last saw her alive on Nov. 18, 1956 Death occurred at 6:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Harry R. Agnew D.O.				22b. ADDRESS Pleasant Hope, Mo.		22c. DATE SIGNED Nov. 23, 1956			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-23-56	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HOPE CEME.		23d. LOCATION (City, town, or county) PLEASANT HOPE, MO.		(State)		
24. FUNERAL DIRECTOR J.W. Klingner & Co.			ADDRESS SPGFD. MO.		25. DATE RECD. BY LOCAL REG. Nov 24, 1956		26. REGISTRAR'S SIGNATURE Ralph Gordon per J. W. Klingner		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Glen D. Williams*.....

Licensed Embalmer No. *46*

P. O. Address *Springfield*

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