

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3343

State File No.

FILED JAN 28 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6102</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Jefferson tws.</u>		c. LENGTH OF STAY (If in this place) <u>12 yrs</u>		c. CITY OR TOWN _____		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 _____				e. STREET ADDRESS (If rural, give location) <u>Jefferson tws.</u> 0998			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u>		b. (Middle) <u>Alexander</u>		c. (Last) <u>Lantz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18 1957</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>12-19-1891</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Browning, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>telephone work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Lantz</u>	
13b. MOTHER'S MAIDEN NAME <u>Eva Bigham</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Lantz</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-05-0391</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fannie Lantz</u>		ADDRESS <u>Memphis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u>				7 MO.			
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 _____		20. AUTOPSY? <u>4201</u>		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) (m.) _____	
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 9, 1955</u> , to <u>Jan 18, 1957</u> , that I last saw the deceased alive on <u>Jan 18, 1957</u> , and that death occurred at <u>1957</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. E. Hillman M.D.</u>				23b. ADDRESS <u>Memphis, Mo.</u>		23c. DATE SIGNED <u>1/21/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>I-20-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Downing</u>		24d. LOCATION (City, town, or county) (State) <u>Downing Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-23-57</u>		REGISTRAR'S SIGNATURE <u>Helen G. Turner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Payne & Sons Memphis Mo.</u>			

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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 *Neal Payne*.....

Licensed Embalmer No. *2550*.....

P. O. Address *Memphis*.....

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.