

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000800  
STATE FILE NUMBER

FILED JAN 22 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 17

300  
-57

1. PLACE OF DEATH a. COUNTY <b>JUNKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JUNKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>KENNETT-RURAL</b> 0350
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JUNKLIN MEMORIAL Hospital</b>		Length of stay in lb	d. STREET ADDRESS <b>R-3</b> (If outside, give location)
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>FLORENCE CROWDER LANCE</b>			4. DATE OF DEATH Month Day Year <b>JAN 13 1959</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 17 1906</b>	9. AGE (In years Last birthday) <b>52</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home making</b>		11. BIRTHPLACE (City and state or country) <b>MEMPHIS, TENN</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>JOHN CROWDER</b>		13b. MOTHER'S MAIDEN NAME <b>ROSIE SWEAT</b>		14. NAME OF HUSBAND OR WIFE <b>CLARENCE LANCE</b>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Clarence Lance - R-3 - Kennett, Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10:00:00</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **5:00 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Guntory Tavel</b> (Degree or title) <b>M.D. Coroner</b>	22b. ADDRESS <b>Kennett, Mo.</b>	22c. DATE SIGNED <b>1-14-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan 15 - 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>	23d. LOCATION (City, town, or county) (State) <b>Kennett, Mo</b>
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24. FEDERAL DIRECTOR ADDRESS <b>Clarence - Kennett, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Jan 16 - 1959</b>	26. REGISTRAR'S SIGNATURE <b>Carl Thurman</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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  .....

Licensed Embalmer No. 2552  
P. O. Address Kennett

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.