MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-028013

STATE FILE NUMBER

FILED VS SEP 8 1959

Registration District No. 2 Primary Registration District No. — Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rochester
Length of stay in 1b: 4 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Shady Lawn Rest Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN: Fillmore
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): No st. address
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Howard Middle: Loren Last: Lance
4. DATE OF DEATH: Month: August Day: 29 Year: 1959
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: April 11, 1933
9. AGE (last birthday): 26
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Holt County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Lionnie Lance
13b. MOTHER'S MAIDEN NAME: Belle Wardlow
14. NAME OF HUSBAND OR WIFE: Nancy Jane Lance
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-40-7225
17. INFORMANT: Nancy Jane Lance Address: Fillmore, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Brain Tumor. Approx. (Glioblastoma Multiforme) — INTERVAL BETWEEN ONSET AND DEATH: one year
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-7-58, to 8-29-59 and last saw ~~him~~ alive on 8-24-59
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Gilbert B. Kelley MD
22b. ADDRESS: Savannah, Mo
22c. DATE SIGNED: 8-31-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 31, 1959
23c. NAME OF CEMETERY OR CREMATORY: Fillmore City Cemetery
23d. LOCATION (City, town, or county): Fillmore (State): Mo

24. FUNERAL DIRECTOR: Wm A Rich ADDRESS: Savannah, Mo
25. DATE RECD. BY LOCAL REG.: 9-2-59
26. REGISTRAR'S SIGNATURE: Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm A. Rich

Signature of Student Embalmer

Licensed Embalmer No. 4778

P. O. Address Savannah

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