

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**'59 0 4 3 8 5 6**

**FILED VS JAN - 4 1960**

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 46

INDEXED

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>OWENSVILLE</b>	Length of stay in 1b <b>7 Months</b>	c. CITY OR TOWN <b>OWENSVILLE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT HOME</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>405 S. First St.</b>

3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>RAY</b> Last <b>LANSFORD</b>			4. DATE OF DEATH Month <b>DEC.</b> Day <b>27</b> Year <b>1959</b>	
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5. SEX <b>MALE</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>July 5 1886</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>LINN MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JAMES LANSFORD</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET BOYHRER</b>	14. NAME OF HUSBAND OR WIFE <b>NORA LANSFORD nee CARWILE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>493-40-8312</b>	17. INFORMANT Address <b>Nora Lansford Owensville 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>Chronic Myocardial Degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 weeks</b>
DUE TO (b) <b>Arteriosclerosis</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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 _____
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21. I attended the deceased from 10-13-59 to 12-27-59 and last saw him alive on 12-26-59  
 Death occurred at 2:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paula Bremer, M.D.</i> (Degree or title)	22b. ADDRESS <i>Owensville, Mo.</i>	22c. DATE SIGNED <i>12-28-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 29 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Owensville Mo.</b>
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24. FUNERAL DIRECTOR <i>Gottenstroeter Service Owensville</i>	25. DATE RECD. BY LOCAL REG. <i>December 29, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Marvin Jappney</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

