

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-015055

FILED VS MAY 10 1960 138

Registration District No. Primary Registration District No. 4219 Registrar's No. 19

STATE FILE NUMBER

DED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Hickory</i>	a. STATE <i>Mo</i>		b. COUNTY <i>Hickory</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Weaubleau</i>	Length of stay in 1b <i>3 years</i>	c. CITY OR TOWN <i>Weaubleau</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>West Weaubleau</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>West Weaubleau</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <i>Ollie</i>	Middle <i>Jane</i>	Last <i>Lanker</i>	Month <i>April</i>	Day <i>13</i>
Year <i>1960</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-6-1875</i>	9. AGE (last Birthday) <i>85</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Hickory Co</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>John Cutsinger</i>		13b. MOTHER'S MAIDEN NAME <i>Emiley Rogers</i>		14. NAME OF HUSBAND OR WIFE <i>Emil Lanker</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Emil Lanker - Weaubleau, Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>months</i>
IMMEDIATE CAUSE (a)	<i>myocardial failure</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>myocardial weakness</i>	
	DUE TO (c) <i>arteriosclerotic heart disease</i>	<i>years</i>
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

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 a.m. p.m.	Month, Day, Year	
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 *6-0-1945* to *April 13* and last saw her alive on *April 13, 1960*
Death occurred at *6-0-1960* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>R Eastern</i> (Degree or title)	22b. ADDRESS <i>Weaubleau, Mo</i>	22c. DATE SIGNED <i>April 25, 1960</i>
23a. BURIAL, CREMATION, REPOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>4-15-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cutsinger Cemetery Weaubleau, Mo</i>
24. FUNERAL DIRECTOR <i>Robert Hathaway - Weaubleau, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>May 2, 1960</i>	26. REGISTRAR'S SIGNATURE <i>May Johnson</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Chas Gilbert Thaw

Licensed Embalmer No. 4267

P. O. Address Tulsa, Okla

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.