

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

-60-030134

Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 15

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Arbyrd</u>		Length of stay in 1b		c. CITY OR TOWN <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>119 Central</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Harold</u> Last <u>Lancaster</u>				4. DATE OF DEATH Month <u>August</u> Day <u>5</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>Child</u>		8. DATE OF BIRTH <u>6-28-1951</u>		9. AGE (last birthday) <u>9</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (City and state or country) <u>Arbyrd, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Robert Harold Lancaster, Sr.</u>				13b. MOTHER'S MAIDEN NAME <u>Jewell Dean Holmes</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Jewell Milam, Kennett, Mo.</u> Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken Neck</u>										INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>			
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. <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 checked="" 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.) <u>Hit by Frisco train at Arbyrd, Mo.</u>									
20c. TIME OF INJURY Hour <u>5</u> p.m. Month, Day, Year <u>Aug. 5, 60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad tracks</u>		20f. CITY, TOWN, OR LOCATION <u>Arbyrd</u>		COUNTY <u>Dunklin</u>		STATE <u>Mo.</u>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:00</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Quinton Parver</u> (Degree or title) <u>Quinton Parver, Coroner</u>						22b. ADDRESS <u>Kennett, Mo.</u>			22c. DATE SIGNED <u>8-8-60</u>				
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-7-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cardwell</u>			23d. LOCATION (City, town, or county) (State) <u>Cardwell Missouri</u>						
24. FUNERAL DIRECTOR <u>McDaniel Funeral Ser. Kennett, Mo.</u>						25. DATE RECD. BY LOCAL REG. <u>9-1-60</u>		26. REGISTRAR'S SIGNATURE <u>Mabel T. Douglas</u>					

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 O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath,

Note: That 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.