

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004567

STATE FILE NUMBER

FILED VS MAR 7 1961 37

Registration District No. \_\_\_\_\_ Primary Registration District No. 4249 Registrar's No. 11

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Centralia</b>		Length of stay in 1b <b>12 years</b>	c. CITY OR TOWN <b>Centralia</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>616 East Head St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>616 East Head</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Irby</b> Middle <b>Ellis</b> Last <b>Lanham</b>			4. DATE OF DEATH Month <b>March</b> Day <b>2</b> Year <b>1961</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</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>9/27/89</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b>	IF UNDER 24 HR Hours <b>15</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Employee</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Boone County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Jim Lanham</b>	13b. MOTHER'S MAIDEN NAME <b>May Roberts</b>	14. NAME OF HUSBAND OR WIFE <b>Erma Lanham</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT <b>Erma Lanham, Centralia, Mo.</b> Address _____
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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:		INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>
IMMEDIATE CAUSE (a)	<b>Acute pulmonary edema</b>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<b>Heart disease</b>	
	DUE TO (b)	<b>1 yr.</b>
	DUE TO (c)	<b>7 yrs.</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Asthma since 10 years</b>	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 **Dec. 2, 1952** to **March 2, 1961** and last saw her/him alive on **March 2, 1961**  
Death occurred at **11:49** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>L. Lachance, M.D.</b>	22b. ADDRESS <b>Centralia, Missouri</b>	22c. DATE SIGNED <b>3-2-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mch 5, '61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Centralia</b>	23d. LOCATION (City, town, or county) (State) <b>Centralia, Mo.</b>
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24. FUNERAL DIRECTOR'S ADDRESS <b>Bill Meador, Centralia, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>March 6 - 1961</b>	26. REGISTRAR'S SIGNATURE <b>Maud M. Brice</b>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

MAR 9 1961

**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 Bill J. Meadows

Licensed Embalmer No. 4876

P. O. Address Central, Missouri

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.