

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

29 -61-020259

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 002 Primary Registration District No. 5046 Registrar's No. 5046 STATE FILE NUMBER

AMENDED

FILED JUL 11 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fillmore</b>		c. CITY OR TOWN <b>Fillmore</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Margaret Tamer Lance</b>		4. DATE OF DEATH Month Day Year <b>June 30, 1961</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-4-68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>Andrew County, Mo.</b>
13a. FATHER'S NAME <b>William Ousley</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Basel</b>	14. NAME OF HUSBAND OR WIFE <b>Abraham Lance</b>
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>- - -</b>	17. INFORMANT Address <b>George T. Cole, Fillmore, Mo.</b>
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>Bronchial Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
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) <b>Fractured hip</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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>2-1-61</b> , to <b>6-30-61</b> and last saw her <input checked="" type="checkbox"/> alive on <b>6-28-61</b> Death occurred at <b>4:20 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Printed or title) <b>William B. Kelley</b>		22b. ADDRESS <b>Savannah, Mo.</b>	22c. DATE SIGNED <b>7-3-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7-2-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fillmore Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Fillmore, Missouri</b>
24. FUNERAL DIRECTOR <b>Breit &amp; Hawkins</b>		ADDRESS <b>Savannah</b>	25. DATE RECD. BY LOCAL REG. <b>7-7-61</b> 26. REGISTRAR'S SIGNATURE <b>William Sparks</b>

**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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.