

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047739

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 134

FILED JAN 16 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HOUSE SPRINGS - Mo.</u>		Length of stay in lb <u>1YR</u>		c. CITY OR TOWN <u>HOUSE SPRINGS - Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>BARNEY J. LANIER</u>				4. DATE OF DEATH Month Day Year <u>12-29-61</u>									
5. SEX <u>M.</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 16 1930</u>		9. AGE (last birthday) <u>31</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING TRADE</u>			11. BIRTHPLACE (City and state or country) <u>ETHRIDGE TENN</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>CLEVELAND A. LANIER</u>				13b. MOTHER'S MAIDEN NAME <u>CLARIPINE FOX</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>YES</u> <u>KOREAN WAR.</u>				16. SOCIAL SECURITY NO.				17. INFORMANT Address <u>Cecil Ponia House Springs</u>					
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>Gunshot wound thro Heart</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH _____			
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 checked="" 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>Self Inflicted 22 wound</u>									
20c. TIME OF INJURY Hour Month, Day, Year <u>6:30 p.m. 12-29-61</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>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Meramec Twp. Jeff. Mo.</u>		COUNTY		STATE			
21. I attended the deceased from <u>Corner View</u> and last saw her/him alive on _____ Death occurred at <u>6:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>James C. Dehn M.C. Coroner</u>				22b. ADDRESS <u>Feather Mo.</u>				22c. DATE SIGNED <u>12-29-61</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1/1/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Baptist Cem.</u>			23d. LOCATION (City, town, or county) (State) <u>Cedar Hill Mo</u>						
24. FUNERAL DIRECTOR <u>Sumner Funeral Home</u>				ADDRESS <u>House Springs Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-1-62</u>		26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>					

APR 29 1966

MS JAN 17 1967

**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 Hester J. Law Jr.

Licensed Embalmer No. 4800

P. O. Address Highwood 227

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.