

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027996
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 254 Primary Registration District No. 0254-5865 Registrar's No. 39

FILED AUG 1 1962

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Rev: 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Oregon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jobe township | | Length of stay in 1b 36 year | c. CITY OR TOWN Couch, |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Couch, |
| 3. NAME OF DECEASED (Type or print) First Clara Middle May Last Lance | | 4. DATE OF DEATH Month July Day 25 Year 1962 | |
| 5. SEX Female | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-14-1891 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 9. AGE (last birthday) 70 |
| 13a. FATHER'S NAME James H. Johnson | | 13b. MOTHER'S MAIDEN NAME Mary E. Stogsdill | 11. BIRTHPLACE (City and state or country) Alton, Missouri |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial heart disease DUE TO (c) Arteriosclerosis | | 14. NAME OF HUSBAND OR WIFE Thomas Lance | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 17. INFORMANT Thomas Lance, Couch, Missouri Address | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <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 1:00 P. Month, Day, Year | | 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 | |
| 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.) | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | 20f. CITY, TOWN, OR LOCATION Alton, Missouri | |
| 22a. SIGNATURE [Signature] (Degree or title) | | 22b. ADDRESS [Address] | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22c. DATE SIGNED [Signature] | |
| 23b. DATE 7-29-1962 | | 23d. LOCATION (City, town, or county) Alton, Missouri | |
| 23c. NAME OF CEMETERY OR CREMATORY Lance Cemetery | | 24. FUNERAL DIRECTOR Carter Funeral Home, Thayer, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS | | 25. DATE RECD. BY LOCAL REG. 7-28-62 | |
| 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE [Signature] | |

AUG 14 1962

Permit obtained

Permit obtained

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 Richard Carter

Licensed Embalmer No. 4516

P. O. Address West Plains, Mo

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.