

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-034193

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6132 Registrar's No. 285

FILED SEP 1 1965

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 1010

2 1010

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4 1

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7 0

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9 4200

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moore typ</b>		Length of stay in 1b <b>76 years</b>	c. CITY OR TOWN <b>Bunker</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>R F D</b> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Cora</b> Middle <b>Blanche</b> Last <b>Lanham</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>27</b> Year <b>1965</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>9-5-08</b>
9. AGE (last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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>X</b>	11. BIRTHPLACE (City and state or country) <b>Winona Mo</b>
12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		13a. FATHER'S NAME <b>Ephriam Weese</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy Webb</b>		14. NAME OF HUSBAND OR WIFE <b>Samuel Lanham</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, [age, or unknown]) (If yes, give year or dates of service) <b>X</b>		16. SOCIAL SECURITY NO. <b>X</b>	
17. INFORMANT Address <b>Elna Griffith Jadwin 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>Arteriosclerotic heart disease.</b> INTERVAL BETWEEN ONSET AND DEATH <b>18 Years</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)		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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>11.10 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Typed or title) <i>Walter Mart, M.D.</i>		22b. ADDRESS <b>Salem, Missouri 65560</b>	22c. DATE SIGNED <b>8-30-65</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3-29-65</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Delmar Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Bunker Shannon County Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Spencer Funeral Home Inc</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 31, 1965</b>	26. REGISTRAR'S SIGNATURE <i>Mabel Rader</i>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 8 1965

**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 Robert A. York

Licensed Embalmer No. 5193

P. O. Address Salmon, 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.