

Health,
& Welfare
Public
Service

1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Shannon</i>		a. STATE <i>Missouri</i>	b. COUNTY <i>Shannon</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Winona</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Winona</i>	Inside Limits 0 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Route 1</i>	Length of stay in lb <i>years</i>	d. STREET ADDRESS <i>Route 1</i>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>William Everett Lancaster</i>			4. DATE OF DEATH Month Day Year <i>Dec. 24, 1957</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 12, 1911</i>
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, even if retired) <i>Custodian</i>		10b. KIND OF BUSINESS OR <i>INDUSTRY</i> <i>County</i>	11. BIRTHPLACE (City and state or country) <i>West Eminence, Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Joseph W. Lancaster</i>	
13b. MOTHER'S MAIDEN NAME <i>Mary Anna King</i>		14. NAME OF HUSBAND OR WIFE <i>Ruth Lancaster</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give year dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT Address <i>Ruth Lancaster, Winona, Missouri</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>in heart of several years</i>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
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 <i>Feb 1952</i> to <i>12-24-57</i> and last saw ^{him} alive on <i>12-20-57</i> Death occurred at <i>7 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. F. Wilson</i> (Degree or title)		22b. ADDRESS <i>Eminence Mo</i>	22c. DATE SIGNED <i>1-4-58</i>
23a. BURIAL, CREMATION, or other disposition (Specify)	23b. DATE <i>12/27/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Munsel Chapel</i>	23d. LOCATION (City, town, or county) (State) <i>Eminence, Mo.</i>
24. FUNERAL DIRECTOR <i>Duncan Funeral Home</i> ADDRESS <i>Mtn View, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Jan 6, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mohe Rose</i>

46987

STATE FILE NUMBER

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. *336* Primary Registration District No. *4494* Registrar's No. *443*

JAN 20 1958

JAN 28 1958

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 A. Norton*

Licensed Embalmer No. *5029*

P. O. Address *Wm. V. ...*

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.