

FILED AUG 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30556

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6129 Registrar's No. 425

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp</u>		c. LENGTH OF STAY (In this place) <u>81 yrs</u>	c. CITY OR TOWN <u>Timber</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Highway A</u>		10 <sup>th</sup> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Lanham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 9 1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 20 1870</u>
9. AGE (In years last birthday) <u>87</u>		10. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		13. FATHER'S NAME <u>Barry H Lanham</u>	
13b. MOTHER'S MAIDEN NAME <u>Sophia Mooney</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Weice Lanham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cora Lanham</u>		ADDRESS <u>Timber Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>22 Cal. bullet wound from</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>above Rt ear to left of frontal-</u> DUE TO (c) <u>parietal area</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>976x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Timber Shannon Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Self inflicted-</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. F. Wilson D. Cronin</u>		23b. ADDRESS <u>Esplanade Mo</u>	
23c. DATE SIGNED <u>8-12-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>8-11-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lanham Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Timber Shannon Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carlye Spitzer</u>	
DATE REC'D BY LOCAL REG. <u>Aug 20 57</u>		REGISTRAR'S SIGNATURE <u>Mabel Green</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Shannon Mo</u>		26. (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-3

447

**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 *Carl H. Spinner* .....

Licensed Embalmer No. *237*

P. O. Address *Palmdale* .....

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.