

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7534

FILED APR 3 1951

BIRTH NO.		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>5122</u>		Registrar's No. <u>83</u>										
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>												
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Rocky Fork</u> township)			c. LENGTH OF STAY (in this place) <u>8 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rocky Fork</u>			<u>0100</u> <u>0</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South of Centralia</u>				d. STREET ADDRESS (If rural, give location) <u>South of Centralia</u>												
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES EDWIN LANHAM</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1951</u>									
5. SEX <u>Male 0</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>May 21, 1863</u>		9. AGE (In years last birthday) <u>87</u>	<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td><u>10</u></td> <td><u>3</u></td> <td><u>Min.</u></td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR	Months	Days	Hours	<u>10</u>	<u>3</u>	<u>Min.</u>
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Months	Days	Hours														
<u>10</u>	<u>3</u>	<u>Min.</u>														
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>										
13a. FATHER'S NAME <u>E. B. Lanham</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha May Roberts Lanham</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ed Roberts</u>		ADDRESS <u>Centralia, Missouri</u>											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial</u>				DUPLICATE												
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.				DUE TO (b) <u>Senility</u>												
				DUE TO (c)												
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>4222</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)												
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?												
22. I hereby certify that I attended the deceased from <u>1945</u> , 19 <u>50</u> to <u>Nov. 17, 1951</u> , that I last saw the deceased alive on <u>Nov. 19, 1951</u> , and that death occurred at <u>12:15 PM</u> , from the causes and on the date stated above.																
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD, D</u>				23b. ADDRESS <u>Centralia, Mo.</u>		23c. DATE SIGNED <u>3/24/51</u>										
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 0</u>		24b. DATE <u>March 26, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Boone, Missouri</u>											
DATE REC'D BY LOCAL REG. <u>Mar 27 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Centralia, Mo.</u>										

**RECEIVED** 4-2-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 4-2-51 \_\_\_\_\_

APR 3 1951

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 \_\_\_\_\_

*Lois M. Meador*

working under my personal supervision.

Student Embalmer No. *379*

Signed *Lois M. Meador*  
Student Embalmer

Signed *J. E. Booth*

Licensed Embalmer No. *4087*

P. O. Address *Sturgeon 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 this body is not embalmed, fact should be so stated above.