

STANDARD CERTIFICATE OF DEATH

State File No. **36020**

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **338**

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (c) Name of hospital or institution: Bothwell Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1008 So. Ohio
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Zethenia Lane

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Peter Lane 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 31 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 5 22 hr. min.

9. Birthplace Elwood Ind.
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Wells

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Hughes

15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary E. O'Rouck

(b) Address Downey, Calif.

17. (a) Burial (b) Date thereof Oct. 25/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
 (b) Address Sedalia, Mo.

19. (a) Oct 25-40 (b) Mrs. Harry Sneed
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
 year 1940 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10-20-40
 _____ 19____ to 10-23 1940

that I last saw him alive on 10-23/ 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to arteriosclerosis
arteriolosclerosis
Hypertension
chronic myocarditis
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Physician
Duration 4 days
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

G.A.D.
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature J. M. Rodeman (M. D. _____)
 Address Sedalia Mo Date signed 10-25-40

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

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4
4

92c

APR 28 1944

RECEIVED
District Health Officer No. 8,
District File Number 11-14-40
Date Filed

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed L. E. Boulcher

Licensed Embalmer No. 3867

P. O. Address Sedalia, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36020**
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **668**

Primary Registration District No. **3032**

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

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Eunthemia Lane**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **wid**
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **82** Months **5** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U.S.A.? _____ years

20. DATE OF DEATH Month **Oct** day **23** year **1970** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **uræmia**
Chronic nephritis
arteriosclerosis
Hypertension
Cor. myocardiitis

Major findings: Of operations _____ Of autopsy **131**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. M. Rodeman** (M. D. over) Address **Sedalia MO** Date signed **12-19-70**

SUPPLEMENTARY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

