

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7349

BIRTH NO.		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3000		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates			
b. CITY. (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. LENGTH OF STAY (In this place) 71 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler			
d. FULL NAME OF HOSPITAL OR INSTITUTION N. Deleware				d. STREET ADDRESS (If rural, give location) N. Deleware			
3. NAME OF DECEASED (Type or Print) Mollie		a. (First)		b. (Middle)		c. (Last) Lane	
4. DATE OF DEATH		(Month) 4		(Day) 6		(Year) 49	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 21, 1865	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 9		IF UNDER 1 YEAR Days 15		IF UNDER 24 HRS. Hours 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Taylor			13b. MOTHER'S MAIDEN NAME Mahala Heath			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. H. T. Wolfe Bristow, Okla.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, 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) - Coronary Disease
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 4/6		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 1.		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1848 to April 6, 1949, that I last saw the deceased alive on April 5, 1949 and that death occurred at 2:45 AM, from the causes and on the date stated above.							
23a. SIGNATURE Chas. G. Leuk Jr. (Degree or title) M.D.				23b. ADDRESS Butler, Mo.		23c. DATE SIGNED April 6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 8, 49		24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		24d. LOCATION (City, town, or county) (State) Butler, Missouri	
DATE REC'D BY LOCAL REG. APR 18-49		REGISTRAR'S SIGNATURE Rendell Perry		25. FUNERAL DIRECTOR'S SIGNATURE John H. Underwood		ADDRESS Butler, Mo.	

RECEIVED

District Health Officer No. 7)

District File Number 349-34

Date Filed 4-11-49

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 _____

Horace K. Hill

Student Embalmer No. 296

working under my personal supervision.

Student Horace K. Hill
Student Embalmer

Signed

John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo

Robert D. Steinbeck L.E. no. 4657

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.