No. 300
10.48

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14613

State File No.

BIRTH NO. REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6197 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Burdine Twp
c. LENGTH OF STAY (in this place): most of life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Burdine Twp
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JESS
b. (Middle): WASHINGTON
c. (Last): LANE

4. DATE OF DEATH (Month) (Day) (Year): April 8 1949

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 21 1903
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas Co. Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Henry Lane
13b. MOTHER'S MAIDEN NAME: Glenn
14. NAME OF HUSBAND OR WIFE: Lottie McConnell Lane

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.:
17. INFORMANT'S SIGNATURE OR NAME: Myrtle Lane — **ADDRESS**: Cabool Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): BROKEN NECK — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): E 9121

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Suffocation

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on farm
21c. (CITY, TOWN, OR TOWNSHIP): Burdine — **(COUNTY)**: Texas — **(STATE)**: Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 8 1949 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: FARMALL TRACTOR TURNED OVER

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Gaylord V. Elliott — **(Degree or title)**: Coroner — **23b. ADDRESS**: Cabool Mo — **23c. DATE SIGNED**: April 9/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 12-49
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove
24d. LOCATION (City, town, or county): Texas — **(State)**: Mo

DATE REC'D BY LOCAL REG.: 4-9-49
REGISTRAR'S SIGNATURE: Gaynell Cunningham 325
25. FUNERAL DIRECTOR'S SIGNATURE: Gaylord V. Elliott — **ADDRESS**: Cabool, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Bureau No. 5,
District File Number 449294
Date Filed 4-23-49

OCT 26 1949

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 .....
Student Embalmer

Signed Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.