

FILE MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18347

State File No.

104

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6168 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elect mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elect</u>	
c. LENGTH OF STAY (In this place) <u>3 mks</u>		d. STREET ADDRESS <u>April 13-49</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <u>Mary</u>		b. (Middle) <u>Lane</u>	
c. (Last) <u>Obney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13-49</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 26-36</u>
9. AGE (In years last birthday) <u>78</u>		10. AGE (In years last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Laney Co. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Lane</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett</u>	
14. NAME OF HUSBAND OR WIFE <u>Mr. & Mrs. Obney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Whitfield</u> ADDRESS <u>Elect</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, decompression</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>3-24</u> , 19 <u>49</u> , to <u>April 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-8</u> , 19 <u>49</u> , and that death occurred at <u>11:45</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank Whitfield</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Crane</u>	
23c. DATE SIGNED <u>4-16-49</u>		24a. NAME OF CEMETERY OR CREMATORY <u>Cap Ridge</u>	
24b. DATE <u>April 16-49</u>		24c. LOCATION (City, town, or county) (State) <u>Stone mo</u>	
24d. NAME OF CEMETERY OR CREMATORY <u>Cap Ridge</u>		24e. LOCATION (City, town, or county) (State) <u>Stone mo</u>	
DATE REC'D BY LOCAL REG. <u>April 16-49</u>		REGISTRAR'S SIGNATURE <u>Lena Murray</u>	
318		FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u> ADDRESS <u>Bellevue mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 549-566

Date Filed 5-22-49

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

E. J. Cheatham

Signed _____
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Palena 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.