

FILED AUG 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40118**BIRTH NO. _____ REG. DIST. NO. **12** PRIMARY REG. DIST. NO. **5053** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Shell Knob Twsp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Finley Knob Township	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) Route 2, Ozark, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shell Knob Route 1			

3. NAME OF DECEASED (Type or Print) a. (First) Byron b. (Middle) Ellsworth c. (Last) Lane			4. DATE OF DEATH (Month) (Day) (Year) 8-22-1949		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 11-18-1923		9. AGE (In years last birthday) 25		10. CITIZEN OF WHAT COUNTRY? USA	
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) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME C. E. Lane		13b. MOTHER'S MAIDEN NAME Nannie E. Gilmore	
13c. NAME OF HUSBAND OR WIFE Mackey T. Lane		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Lane-1512 St. Louis-Springfield	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangling ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 69298 42
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) White River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Barry Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 22 1949 7 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR 5	

22. I hereby certify that I attended the deceased from on Aug 22, 1949, to Aug 22, 1949, that I last saw the deceased above on Aug 22, 1949, and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE Paul D. Herbst		(Degree or title) 3 Coroner		23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED 8-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 25, 1949		24c. NAME OF CEMETERY OR CREMATORY Hope Dale Cemetery		24d. LOCATION (City, town, or county) (State) Near Ozark, Missouri	
DATE REC'D BY LOCAL REG. 7-4-51		REGISTRAR'S SIGNATURE Miss Gene Hudson		25. FUNERAL DIRECTOR'S SIGNATURE Alma Schreyer		ADDRESS F.H. Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 3 1950

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. _____

Student
Student Embalmer

Signed *Julius R. Goodman*

Licensed Embalmer No. *4562*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.