

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 4184

State File No. 16364

0360  
1-1-50

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GERALD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GERALD MO. 0360</b>	
c. LENGTH OF STAY (in this place) <b>40 years</b>		d. STREET ADDRESS (If rural, give location) <b>1001 E</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GERALD, MO.</b>			
3. NAME OF DECEASED (Type or Print) <b>FRED. G. LANE</b>		a. (First)	b. (Middle)
4. DATE OF DEATH (Month) (Day) (Year) <b>4 29 1950</b>		c. (Last)	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>2-4-1870</b>
9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>23</b>	IF UNDER 18 HRS. Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postmaster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Undertaker &amp; Hdw.</b>	
11. BIRTHPLACE (State or foreign country) <b>Rolla Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James M. Lane</b>		13b. MOTHER'S MAIDEN NAME <b>Anna E. Gregory</b>	
14. NAME OF HUSBAND OR WIFE <b>MARY ANN LANE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr F G Lane</b>		ADDRESS <b>Gerald, Mo</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b> yrs</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial Sclerosis</b>			
DUE TO (c) <b>Strangulated Hernia</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Strangulated Hernia</b>		<b>DBOS</b>	
19a. DATE OF OPERATION <b>3-10-50</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION <b>Strangulated Hernia</b>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>HOMICIDE</b>		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) <b>m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-1-1949</b> , to <b>4-29-1950</b> , that I last saw the deceased alive on <b>4-28-1950</b> and that death occurred at <b>4 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Chas A Schmitt</b> (Degree or title)		23b. ADDRESS <b>Gerald Mo</b>	
23c. DATE SIGNED <b>5-1-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>5-2-1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Crow, Sullivan Mo</b>		24d. LOCATION (City, town, or county) (State) <b>Sullivan Mo Franklin Mo</b>	
DATE REC'D BY LOCAL REG. <b>4-30-50</b>		REGISTRAR'S SIGNATURE <b>H. Matthews</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>G Meyer</b>		ADDRESS <b>Gerald Mo</b>	

District File Number  
District Health Officer No. 9,  
RECEIVED  
MAY 12 1950

MAY 31 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Sheraldy 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.