

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17536

State File No.

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4830 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie</u>	c. LENGTH OF STAY (In this place) <u>44 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie 6671</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residences</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>LETTY</u>	c. (Last) <u>LANE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1950</u>
-------------------------------------	------------------------	--------------------------	-----------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 17, 1883</u>	9. AGE (In years last birthday) <u>67</u>	10. Months <u>3</u>	11. Days <u>18</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
----------------------	-------------------------------	---	---------------------------------------	---	---------------------	--------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Henderson, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Wm. Messiamore</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Alex Lane</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Alex Lane - East Prairie, Mo.</u>	ADDRESS
--	-------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - general</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4501	

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)	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) (Min.)	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 October 4, 1950, to May 2, 1950, that I last saw the deceased alive on May 2, 1950, and that death occurred at 10:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wilfred M. Heubner M.D.</u>	23b. ADDRESS <u>East Prairie</u>	23c. DATE SIGNED <u>May 19/50</u>
---	----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 18, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miss., Co., Mo.</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5/27/50</u>	REGISTRAR'S SIGNATURE <u>Anna Harper Depl.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Haris Sulby</u>	ADDRESS <u>East Prairie</u>
---	--	---	-----------------------------

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

0671
Wm. W. ...

JUN 2 REC'D
RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUN 2 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

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie

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.