

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37662**

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **398**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline	
c. LENGTH OF STAY (In this place) 22yrs		d. STREET ADDRESS (If rural, give location) 310 E Howell	
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 E Howell			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) NETTIE	b. (Middle) ARDELIA	c. (Last) LANE	(Month) Nov.	(Day) 10	(Year) 1950
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Feb. 9, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 9 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Solomon	13b. MOTHER'S MAIDEN NAME Elizabeth Linebaugh	14. NAME OF HUSBAND OR WIFE Fred Lane deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Viola Parcell ADDRESS Kirksville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis with thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis & myocardial degeneration DUE TO (c) Chronic glomerulo-nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 **June 24**, 1950, to **Nov 10**, 1950, that I last saw the deceased alive on **Nov 9**, 1950, and that death occurred at **8:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John O. Quinn (Degree or title)	23b. ADDRESS Marceline Mo.	23c. DATE SIGNED Nov 11 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 13 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet
24d. LOCATION (City, town, or county) (State) Marceline Mo		

DATE REC'D BY LOCAL REG. Nov 13 1950	REGISTRAR'S SIGNATURE Mary Jane Owens	401	25. FUNERAL DIRECTOR'S SIGNATURE Joe M. Laughlin ADDRESS Marceline
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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5-22X

Date Received: DEC 1 1950
DISTRICT HEALTH OFFICE #
District File Number 12-57
Date Filed: DEC 4 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 George W. Davall

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.