

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37772

BIRTH NO. _____		REG. DIST. NO. <u>269</u>		PRIMARY REG. DIST. NO. <u>4320</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Palmyra</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Palmyra</u>		0641	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 S. Lane</u>				d. STREET ADDRESS (If rural, give location) <u>205 S. Lane</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Prestley</u>		b. (Middle) <u>Carr</u>		c. (Last) <u>Lane</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>16</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>9 Jan. 1873</u>	
9. AGE (in years last birthday) <u>77</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George W. Lane</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Overton</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Alma Lane</u> ADDRESS <u>Palmyra, Mo.</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>Hemorrhage of the Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the ascending colon</u> 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>12 hours</u> <u>153X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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 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 <u>13 Nov</u> , 19 <u>50</u> , to <u>16 Nov</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>16 Nov</u> , 19 <u>50</u> , and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wyeth Hamlin M.D.</u> (Degree or title)				23b. ADDRESS <u>Palmyra Missouri</u>		23c. DATE SIGNED <u>17 Nov 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>18 Nov. 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Palmyra Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/17/50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lusk</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Levens Brothers</u> ADDRESS <u>Palmyra, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 21 1950
U. S. HEALTH DEPT.
DATE FILED NOV 22 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 _____

George M. Lewis

Student Embalmer No. 381

working under my personal supervision.

Student George M. Lewis
Student Embalmer

Signed George M. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, Missouri

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.