

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17608

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5982 Registrar's No. 68

0840

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

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Fair Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fair Grove</u> 0840	
c. LENGTH OF STAY (If this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles N.W. of Fair Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Miles N.W. of Fair Grove</u>			

3. NAME OF DECEASED a. (First) <u>Alma</u> b. (Middle) <u>Laney</u> c. (Last) <u>Laney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan 24 1881</u>		9. AGE (In years last birthday) <u>70</u> Months <u>2</u> Days <u>20</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>			11. BIRTHPLACE (State or foreign country) <u>Near Fair Grove Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>James Laney</u>			13b. MOTHER'S MAIDEN NAME <u>Mary C Alexander</u>			14. NAME OF HUSBAND OR WIFE <u>Single</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Laney</u>		ADDRESS <u>Fair Grove, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>5 days</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from April 11, 1951, to April 13, 1951, that I last saw the deceased alive on April 11, 1951, and that death occurred at 5:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wayne Lonneman D.O.</u>		23b. ADDRESS <u>Fair Grove, Mo.</u>		23c. DATE SIGNED <u>4-17-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 15 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Fair Grove, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 10 1951</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willard B. Farvin</u>		ADDRESS <u>Pleasant Hope, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAY 16 1951

Dist. File 557-9126

Date Filed 5-16-51

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.....

Signed.....  
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.