

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1348**
80 79

FILED JAN 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1062</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place) 28 Years	c. CITY (If outside corporate limits, write RURAL and give town) Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION 417 North Lawn			d. STREET ADDRESS (If rural, give location) 417 North Lawn 3070		
3. NAME OF DECEASED (Type or Print) a. (First) Ena		b. (Middle) Amos	c. (Last) Lane	4. DATE OF DEATH (Month) (Day) (Year) 1 - 7 - 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 4-11-1897	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 1 HR.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Crestwood Cravats	11. BIRTHPLACE (State or foreign country) Gower, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Smith Amos		13b. MOTHER'S MAIDEN NAME Nova M. Henry		14. NAME OF HUSBAND OR WIFE Lester Lane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-10-0294	17. INFORMANT'S SIGNATURE OR NAME Mrs. Samuel J. Paul ADDRESS 417 North Lawn		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic melanocarcinoma INTERVAL BETWEEN ONSET AND DEATH 12 1/2 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant melanocarcinoma 18 mos. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 191*				
19a. DATE OF OPERATION Nov-25-50	19b. MAJOR FINDINGS OF OPERATION Melanocarcinoma			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 1-6 1952 to Jan 6, 1952 , that I last saw the deceased alive on Jan 4 1952 , and that death occurred at 1/45 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Jesse P. Rising (Degree or title) MD			23b. ADDRESS 1103 Grand KC Mo.		23c. DATE SIGNED 1-7-52
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 1-9-1952	24c. NAME OF CEMETERY OR CREMATORY Allendale	24d. LOCATION (City, town, or county) (State) Gower, Missouri		
DATE REC'D BY LOCAL REG. 1-7-52	REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster ADDRESS Kansas City, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

Prof. Bldg.
VI. 9223
1/30

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

J. W. Henrich

Licensed Embalmer No. 3599

P. O. Address 212 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.