S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26992

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4553 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN. GROVE
c. LENGTH OF STAY (in this place): 16 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Home~~ MTN GROVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN. GROVE
d. STREET ADDRESS (Rural, give location): ~~Street~~ 1 mi. S STREET

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3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. ~~(Middle)~~:
c. (Last): LANE

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 20, 1871
9. AGE (Last birthday): 81 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 1 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Douglas Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: George Taylor
13b. MOTHER'S MAIDEN NAME: Armedia Hinkle
14. NAME OF HUSBAND OR WIFE: Alexander Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ___
17. INFORMANT'S SIGNATURE OR NAME: Pleasant Lane
ADDRESS: Mtn. Grove

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6-26-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Not Known

DUE TO (c):

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 ☐ NO ☒

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) m.: ___
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ___

22. *I hereby certify that I attended the deceased from* 6-26-52, 1952, *to* 6-28-52, 1952, *that I last saw the deceased alive on* 6-28-52, 1952, *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M.D.
23b. ADDRESS: Mountain Grove Mo.
23c. DATE SIGNED: July 1, 1952

24a. BURIAL, CREMATION, REMOVAL: Lone Star
24b. DATE: 7/2/52
24c. NAME OF CEMETERY OR CREMATORY: Lone Star Cemetery
24d. LOCATION (City, town, or county) (State): Mtn. Grove, Mo.

DATE REC'D BY LOCAL REG.: 7-8-52
REGISTRAR'S SIGNATURE: G. B. Ames
348-1
25. FUNERAL DIRECTOR'S SIGNATURE: Russell Barker
ADDRESS: Mtn. Grove, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 15 1952
WRIGHT CO. HEALTH DEPT.
County File Number 752-85
Date Filed 7-14-52

JUL 29 1952

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn Grove, 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.