

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31962

State File No. _____

FILED OCT 3 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>11 hrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		d. STREET ADDRESS (If rural, give location) <u>MAYES ROAD</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>George</u> c. (Last) <u>Lane</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 14, 1877</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>75 6 29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Paint Contractor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>unknown G</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOSHUA W. LANE</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA</u>		14. NAME OF HUSBAND OR WIFE <u>BARBARA E. LANE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>487-16-6830</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BARBARA E. LANE - INDEP. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hydrocephalus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Benign Prostatic Hypertrophy with obstruction</u>		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 <u>610X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____		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 9/9, 1952 to 9/13, 1952; that I last saw the deceased alive on 9/12, 1952, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E.H. Hutton M.D.</u>		23b. ADDRESS <u>Independence Mo</u>		23c. DATE SIGNED <u>9/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept. 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u>		ADDRESS <u>Independence Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-17-52</u>		REGISTRAR'S SIGNATURE <u>James B. Galt</u>		354-0	

(Licensed Embalmer's Statement on Reverse Side)

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

485 ✓

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.

Signed _____

Poland B. Speaks

Licensed Embalmer No. 3604

P. O. Address Indy, Ind.

Student
Student Embalmer

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.