

DR. W. H. VIX  
FILED DEC 11 1952  
22675

STANDARD CERTIFICATE OF DEATH

LANE BABY  
State File No. 41205

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHALL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS</u>	
c. LENGTH OF STAY (in this place) <u>70 days</u>		d. STREET ADDRESS (If rural, give location) <u>E Marshall St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FITZBIBBONS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u> b. (Middle) <u>RAY</u> c. (Last) <u>LANGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 5, 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	
8. DATE OF BIRTH <u>NOVEMBER 28, 1952</u>		9. AGE (In years) last birthday <u>—</u> if under 1 year <u>—</u> Months <u>—</u> Days <u>7</u> if under 11 wks. Hours <u>—</u> Min. <u>—</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>MARSHALL, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>ELDRED LANGE</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE WILEY</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 ADDRESS <u>ELDRED LANGE SWEET SPRINGS MO</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stenocardia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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>7620</u>		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 11-28, 1952 to 12-5, 1952 that I last saw the deceased alive on 12-4, 1952 and that death occurred at 3:15 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>W. R. Vix, M.D.</u> (Name or title)		23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>12-5-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DECEMBER 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>	
				24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS, MO</u>	

DATE REC'D BY LOCAL REG. <u>Dec-6-1952</u>		REGISTRAR'S SIGNATURE <u>Bidney J. Gray</u> 385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. G. Parker Sweet Springs, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

09720

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**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 L. F. Parker.....

Licensed Embalmer No. 3840.....

P. O. Address Sweet Springs, 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.