

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42340
 State File No. 5310

FILED DEC 20 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

4

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

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 township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 50 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3168	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE LORA NEST HOME		d. STREET ADDRESS (If rural, give location) 1021 FOREST AVENUE 0	

3. NAME OF DECEASED (Type or Print) a. (First) E.	b. (Middle) ALMA	c. (Last) LANE	4. DATE OF DEATH (Month) - (Day) (Year) NOV. 28, 1952
--	------------------	----------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 29, 1867	9. AGE (In years: last birthday) 85 Months Days Hours Min.
------------------	---------------------------	---	------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) PHYSICIAN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) NEAR SPRINGFIELD, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	--

13a. FATHER'S NAME UNKNOWN CORSON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE DR. S. W. 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. NONE	17. INFORMANT'S SIGNATURE OR NAME DONALD H. CORSON, BONNER SPRINGS KANSAS	ADDRESS KANSAS
--	---------------------------------	--	-------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4214
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis Chronic		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Oct. 22, 1952, to Nov. 26, 1952, that I last saw the deceased alive on NOV. 26, 1952, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Calvin A. Beard, M.D. (Physician or title) Calvin A. Beard, M.D.	23b. ADDRESS 2307 Bryant Bldg., K.C., MO.	23c. DATE SIGNED Nov. 29
---	--	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE DEC. 5, 1952	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
--	---------------------------	--	---

DATE REC'D BY LOCAL REG. 12-5-52	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
-------------------------------------	--	--	--

JAN 30 1953

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

Basil V. Honey

Licensed Embalmer No. *4724*

P. O. Address *Cashland, 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.