

No. 38  
10. 48  
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42601

State File No. \_\_\_\_\_ Registrar's No. 557

FILED DEC 21 1952

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

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

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Joplin</b> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>PITTSBURG</b> TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>403. WEST FOREST STREET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ABRAHAM</b> b. (Middle) <b>W.</b> c. (Last) <b>LANE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER-15-52</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MARCH, 5, 1879</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 12 HRS. Days <b>10</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>GROCERY</b>	11. BIRTHPLACE (State or foreign country) <b>MILFORD, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>DANIEL L. LANE</b>	13b. MOTHER'S MAIDEN NAME <b>VIOLA STINGLEY</b>	14. NAME OF HUSBAND OR WIFE <b>FLORENCE I. LANE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. FLORENCE I. LANE, PITTSBURG, KAN.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease -</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Generalized Arteriosclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 19<sup>th</sup>, 1952** to **Dec 15, 1952**, that I last saw the deceased alive on **Dec 15, 1952**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert C. Gancey, M.D.</b> (Degree or title)	23b. ADDRESS <b>805. France Bldg. Joplin Mo.</b>	23c. DATE SIGNED <b>12-16-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>DEC-15-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HIGHLAND PARK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>PITTSBURG, KANSAS</b>
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DATE REC'D BY LOCAL REG. <b>12-18-52</b>	REGISTRAR'S SIGNATURE <b>Ed S. Thomas</b>	25. HEALTH DIRECTOR'S SIGNATURE <b>Robert C. Gancey</b>	ADDRESS <b>Pittsburg</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-22-52  
Jasper County Health Office

County File Number 52/12/998

Date Filed 12-22-52

JUL 1 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed ROBERT A. YANCEY  
*Robert A. Yancey*

Licensed Embalmer No. 3452

P. O. Address PITTSBURG, KANSAS

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.