

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10355

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4

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

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE MO. St. Louis, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Joachim, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 4660	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nursing Home		d. STREET ADDRESS (If rural, give location) 61 Hwy. 1	
3. NAME OF DECEASED a. (First) Adelia		b. (Middle) Rosa	
c. (Last) Lane		4. DATE OF DEATH (Month) (Day) (Year) Mar. 22, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widow	8. DATE OF BIRTH () May, 22, 1865
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	11. BIRTHPLACE (City and State or Foreign Country) Whittenburg, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Retired Farming	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John W. Barber,		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Slaughter	14. NAME OF HUSBAND OR WIFE Wm. H. Lane, Dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. Paul Barber Hiram, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 442X	20. AUTOPSY? YES <input 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) m.	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 April 22, 1952, to 3-2-1953, that I last saw the deceased alive on March 2nd 1953, and that death occurred at 5:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. P. Barber, M.D.		23b. ADDRESS Crystal City, Mo.	23c. DATE SIGNED 3-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3.4. 1953	24c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery	24d. LOCATION (City, town, or county) (State) Hiram, Mo.
DATE REC'D BY LOCAL REG. 3-5-53	REGISTRAR'S SIGNATURE Gentry K. Palitto	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Ser. Dexter, Mo.	

DATE RECEIVED
HILLSBORO, MISSOURI
MAR 12 1959
JEFFERSON COUNTY HEALTH DEPT.

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 Gerald H. Vinyard

Licensed Embalmer No. 11208

P. O. Address Festus, 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.