

STANDARD CERTIFICATE OF DEATH

17569

FILED MAY 19 1953

State File No.

BIRTH NO. REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 17

351
1

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden 0351	
d. FULL NAME OF HOSPITAL OR INSTITUTION 600 J. Highway		d. STREET ADDRESS (If rural, give location) 600 J. Highway	
3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Betrand c. (Last) Lane		4. DATE OF DEATH (Month) (Day) (Year) May 13 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 14, 1905
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months 11 Days 29	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jewelry & Watchmaking School		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Neal M. Lane	
13b. MOTHER'S MAIDEN NAME Jettie Frizzell		14. NAME OF HUSBAND OR WIFE Agnes Lane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Agnes Lane, Malden, Missouri	
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) myocardial infarction ANTECEDENT CAUSES Complicated by acute congestive heart failure Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Heart Failure DUE TO (b) Heart Failure 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		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 3/12 1953 to 5/13 1953 , that I last saw the deceased alive on 5/13 1953 , and that death occurred at PR 8 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. T. Edmundson M.D.		23b. ADDRESS Malden, Missouri	23c. DATE SIGNED 5/14/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/17/53	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) MALDEN MO.
DATE REC'D BY LOCAL REG. 5/15/53	REGISTRAR'S SIGNATURE J. J. Schaeffer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Way Funeral Home Malden	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-18-53

COUNTY FILE NUMBER 553-133

JUN 8 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 J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.