S. No. 300
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0700

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22263

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 5813 Registrar's No. 8

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

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Montgomery Twn UPPER LOUTRE
c. LENGTH OF STAY (in this place): I6yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Montgomery Twn UPPER LOUTRE
d. STREET ADDRESS (If rural, give location): none 0700

3. NAME OF DECEASED (Type or Print): a. (First) Wilson b. (Middle) N c. (Last) Lane

4. DATE OF DEATH (Month) (Day) (Year): July 2nd 1953

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

8. DATE OF BIRTH: I2-8-I886 **9. AGE** (In years last birthday): 66 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer **10b. KIND OF BUSINESS OR INDUSTRY**:

11. BIRTHPLACE (State or foreign country): Illinois **12. CITIZEN OF WHAT COUNTRY?**: U.S.A

13a. FATHER'S NAME: John V. Lane **13b. MOTHER'S MAIDEN NAME**: Hattie Rickart **14. NAME OF HUSBAND OR WIFE**: Lillian Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 53I-oI-0075 **17. INFORMANT'S SIGNATURE OR NAME**: Lillian Lane **ADDRESS**: Wellsville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

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** 4201 **20. AUTOPSY?** YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July 2, 1953 *to* July 2, 1953 *that I last saw the deceased alive on* July 2, 1953 *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. M. Boland (Degree or title) MD **23b. ADDRESS** Wellsville Mo **23c. DATE SIGNED** 7/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: 7-6-1953 **24c. NAME OF CEMETERY OR CREMATORY**: Potomac Cemetery **24d. LOCATION** (City, town, or county) (State): Potomac Illinois

DATE REC'D BY LOCAL REG.: 7-7-1953 **REGISTRAR'S SIGNATURE**: W.S. Romane Jr. 4257

25. FUNERAL DIRECTOR'S SIGNATURE: C. W. Hopkins **ADDRESS**: C. W. HOPKINS MONTGOMERY CITY MO

(Licensed Embalmer's Statement on Reverse Side)

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 XXXX on the 2 day of July 1953, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.