

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32356**
Registrar's No. **22**

FILED OCT 2 - 1953

BIRTH NO. _____		REG. DIST. NO. 182		PRIMARY REG. DIST. NO. 4298	
1. PLACE OF DEATH a. COUNTY Residents Linn Linneus, Mo.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) Linneus, Mo.		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Linneus, Mo.		0580
d. FULL NAME OF HOSPITAL OR INSTITUTION none			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Willie			b. (Middle) Wade		c. (Last) Lane
4. DATE OF DEATH (Month) (Day) (Year) Sept. 27 1953					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12-1882.	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Tyler Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Lane		13b. MOTHER'S MAIDEN NAME Sarah Dark		14. NAME OF HUSBAND OR WIFE Sara Jane Lane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sara Jane Lane		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 10 min
			ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROSIS		15 yrs.
			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 331X			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 May 18 , 1953, to Sept 27 , 1953, that I last saw the deceased alive on Sept 27 , 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Denton Wilson			23b. ADDRESS D.O. 2 Linn, Mo.		23c. DATE SIGNED Sept 29, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 30 1953	24c. NAME OF CEMETERY OR CREMATORY Parson Creek	24d. LOCATION (City, town, or county) (State) Rural Clay Twp		
DATE REC'D BY LOCAL REG. Sept 29/53		REGISTRAR'S SIGNATURE Mrs. Birdie Kelley		25. FUNERAL DIRECTOR'S SIGNATURE J. B. ... Linn, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0580

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 W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Lucas, 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.