

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43017
5926

State File No.

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township)
Jackson City

c. CITY OR TOWN Jackson City
Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
K.C. Tuberculosis Hospital

STREET ADDRESS (If rural, give location)
717 1/2 E. 15th 314 0

3. NAME OF DECEASED
a. (First) Hazel b. (Middle) _____ c. (Last) Lane

4. DATE OF DEATH (Month) (Day) (Year)
12-16-1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH
4-7-1905

9. AGE (In years last birthday) 48
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)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Clinton Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
John Wilson

13b. MOTHER'S MAIDEN NAME
Lulu Johnson

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mr. L. Key Lane Leavenworth Kansas

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) Pulmonary Tuberculosis
INTERVAL BETWEEN ONSET AND DEATH

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.
0024

20. AUTOPSY?
YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) (Min.)

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 3-18, 1953, to 12-16-, 1953, that I last saw the deceased alive on 12-16-, 1953, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare (Degree or title)

23b. ADDRESS
K.C. J.B. Hospital

23c. DATE SIGNED
12-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE
Dec 16-53

24c. NAME OF CEMETERY OR CREMATORY
St. Rondo Cemetery Chapel

24d. LOCATION (City, town, or county) (State)
Rondopa Missouri

DATE REC'D BY LOCAL REG.
12-18-53

REGISTRAR'S SIGNATURE
Genevieve Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ed L. Sexton Leav. Kan.

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

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.....
Signature of Student Embalmer

Signed *Ted L. Lepton*.....

Licensed Embalmer No. *3005*.....

P. O. Address *Leaw. Ka.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.