

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43771**

FILED DEC 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **264** PRIMARY REG. DIST. NO. **4395** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ozark</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gainesville</b>		c. CITY OR TOWN <b>Gainesville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 yr.</b>		e. STREET ADDRESS (If rural, give location) <b>city 0770</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Virgil</b> b. (Middle) c. (Last) <b>Lane</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-17-1953</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-5-1908</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>cafe owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Elijah, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>U. G. Lane</b>	13b. MOTHER'S MAIDEN NAME <b>Melissa Harris</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth Lane</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>441-03-2718</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Lane, Gainesville, Mo</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strenia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Interstitial Nephritis</b> DUE TO (c) <b>?</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>593X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 **Jan 1953** to **Dec 17, 1953**, that I last saw the deceased alive on **Dec 17, 1953**, and that death occurred at **6 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>M J Herman</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Gainesville, Mo</b>	23c. DATE SIGNED <b>12-18-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>12-19-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elijah</b>	24d. LOCATION (City, town, or county) (State) <b>Elijah, Mo</b>
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DATE REC'D BY LOCAL REG. <b>12-19-53</b>	REGISTRAR'S SIGNATURE <b>Shana Mahan</b> <b>461</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clinkingbeard</b>	ADDRESS <b>Gainesville, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0770

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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.....

Licensed Embalmer No. 4885

P. O. Address Gainesville

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.