

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1393**
170

FILED JAN 27 1954

BIRTH NO. _____ REG. DIST. NO. **149** 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) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 31 yrs. | | c. CITY OR TOWN Kansas City | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital | | | | e. STREET ADDRESS (If rural, give location) 720 406 East 61st Terr. | | | | | |
| 3. NAME OF DECEASED (Type or Print) LOU | | a. (First) LOU | | b. (Middle) A. | | c. (Last) LANE | | | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | | 8. DATE OF BIRTH Nov. 16, 1859 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY K.C. Life Ins. Co. | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri 0 | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Leonard Crisler | | | 13b. MOTHER'S MAIDEN NAME Pollary Kyle | | | 14. NAME OF HUSBAND OR WIFE John E. 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 ADDRESS Lida L. Lane, 406 E. 61st Terr., K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ememia | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease 15 yrs | | | | 4 days 12 mo 11427 | |
| 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 Nov 20, 1945, to Jan 11, 1954, that I last saw the deceased alive on Jan 11, 1954, and that death occurred at 7:00 p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE John R. Whitman (Degree or title) | | | | 23b. ADDRESS 6314 Brookside Plaza | | 23c. DATE SIGNED 1-12-54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment | | 24b. DATE 1-11-54 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Temple | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | | |
| DATE REC'D BY LOCAL REG. 1-12-54 | | REGISTRAR'S SIGNATURE Seraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. | | ADDRESS K.C. MO. | | | |

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

Dr. H. P. Baughman
315 Nichols Road
Lo. 7400

Tab 7

In after 1:00 PM

Dr. John R. Whitman
6314 Grande Plaza

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..... *F. S. Walton*

Licensed Embalmer No. *2*

P. O. Address *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.