

STANDARD CERTIFICATE OF DEATH

State File No. **2315**

FILED JAN 27 1954

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **5945** Registrar's No. **2**

| | | | | | | | | |
|---|---|--|---|--|---|--|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Phelps | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY Mississippi | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural - N. Dillon | | c. LENGTH OF STAY (In this place) 2 weeks | | c. CITY OR TOWN Charleston | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home | | | | e. STREET ADDRESS (If rural, give location) 0672 1 | | | | |
| 3. NAME OF DECEASED a. (First) Albert | | | b. (Middle) | | c. (Last) Lane | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 16 1954 | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH Dec 25, 1866 | | 9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Months 22 | IF UNDER 24 HRS. Hours 22 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Buyer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Miss. Co. - Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME Price Lane | | | 13b. MOTHER'S MAIDEN NAME Maggie Swank | | 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) | | 16. SOCIAL SECURITY NO. 4 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. P. Lane (nephew) Charleston, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis and | | | | | | 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) myocardial degeneration about 5 years | | | | | |
| | | | DUE TO (c) | | | | | |
| 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 December 19, 1953 to Jan 16, 1954 , that I last saw the deceased alive on Jan 7, 1954 , and that death occurred at 8:15 A.M. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE C. V. Hammler, M.D. (Degree optional) | | | | 23b. ADDRESS St. James, Mo. | | 23c. DATE SIGNED 1-18-54 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE Jan 18, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Dawson Cemetery | | 24d. LOCATION (City, town, or county) (State) St. James, Mo. | | | |
| DATE REC'D BY LOCAL REG. 1-23-54 | | REGISTRAR'S SIGNATURE Ruth P. Powell 479 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orval E. Licklider - St. James, Mo. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
10-48
119
4

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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Orville E. Lickel

Licensed Embalmer No. 35

P. O. Address St. James

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.