No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9405

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (In this place): 1 HOUR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ELIZABETH HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2179
d. STREET ADDRESS (If rural, give location): 4446A CASTLEMAN AV

3. NAME OF DECEASED (Type or Print): a. (First) DONALD b. (Middle) M. c. (Last) LANE
4. DATE OF DEATH (Month) (Day) (Year): 4-7-54
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV 10, 1922
9. AGE (In years last birthday): 31 | 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): MEDICAL SERVICE REP
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): OKLA CITY, OKLA.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: DANIEL LANE
13b. MOTHER'S MAIDEN NAME: IDA DELASHMIT
14. NAME OF HUSBAND OR WIFE: JEAN LANE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES. (If yes, give war or dates of service): WW NOTT.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Jean Lane — ADDRESS: St Louis 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury to chest & abdomen — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) E8244
DUE TO (c) 33

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Dislocation of left hip — 1 hour.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 36
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4 MILES EAST OF HANNIBAL, PIKE, ILL.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-7-54
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? AUTO SIDE SWIPE HOUSE TRAILER

22. I hereby certify that I attended the deceased from 4/7, 1954, to 4/7, 1954, that I last saw the deceased alive on 4/7, 1954 and that death occurred at 6:45 A.m., from the causes and on the date stated above.

23a. SIGNATURE: Robert J. Lammers (Degree or title: MD)
23b. ADDRESS: Hannibal, Mo.
23c. DATE SIGNED: 4/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 4-10-54
24c. NAME OF CEMETERY OR CREMATORY: ROLLA CEMETERY NEWBURG, MO.
24d. LOCATION (City, town, or county) (State): NEWBURG, MO

DATE REC'D BY LOCAL REG.: 4-7-54
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph Clark Mo
ADDRESS:
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 12 1954
MARION CO. HEALTH DEPT.
DATE FILED APR 12 1954

MAY 6 1954

JUL 14 1954

APR 22 1954

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 Royce Clark

Licensed Embalmer No. 4217

P. O. Address Hammond, 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.