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

FILED MAY 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12405

BIRTH NO. 23568-54 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): Few Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Kansas
b. COUNTY: Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baxter Spgs
d. STREET ADDRESS (If rural, give location): 312 Lincoln

815-0 8

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Curtis
c. (Last): Lane

4. DATE OF DEATH (Month) (Day) (Year): 4-23-54

5. SEX: male
6. COLOR OR RACE: Color
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 4-23-54
9. AGE (In years last birthday): 0 — 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): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Joplin Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jesse Lee Lane
13b. MOTHER'S MAIDEN NAME: Frances Louise Rosa
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Jesse Lee Lane
ADDRESS: Baxter Spgs

18. CAUSE OF DEATH — **MEDICAL CERTIFICATION**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bron Atelectasis of Newborn

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Prematurity

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 76025
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* 4-23, 1954 *to* 4-23, 1954, *that I last saw the deceased alive on* 4-23, 1954, *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H J Bogan MD
23b. ADDRESS: Baxter Springs Ks
23c. DATE SIGNED: 4-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-24-54
24c. NAME OF CEMETERY OR CREMATORY: Baxter Spgs Cemetery
24d. LOCATION (City, town, or county) (State): Baxter Spgs Kas

DATE REC'D BY LOCAL REG.: 4-30-54
REGISTRAR'S SIGNATURE: Ed D. Gainey 138 — by Delores Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE: J Lane Wene
ADDRESS: Baxter Spgs Kas

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 3 1954
Jasper County Health Office
County File Number 54-5-33
Date Filed MAY 3 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
Wene Funeral Home, Student Embalmer No.
working under my personal supervision.

Student .....
Student Embalmer

Signed Frank Wene

Licensed Embalmer No. 2880

P. O. Address Baxter Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.