

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18203**

FILED JUL 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **248**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>CAPE Girardeau</b> b. CITY (If outside corporate limits, write RURAL and give town) <b>CAPE GIRARDEAU</b> c. LENGTH OF STAY (in this place) <b>40 HRS.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>So-EAST Missouri Hosp.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>SCOTT</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>CHAFFEE</b> <b>1001</b> d. STREET ADDRESS (If rural, give location) <b>WEST YOKUM AVE</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>JULIA</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>LANE</b> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 4, 1954</b>	
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>NEVER MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>MARCH 31, 1885</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>OWNER &amp; OPERATOR - HOTEL BUSINESS</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>HOTEL BUSINESS</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>HOUSTON, MISSOURI</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>JOHN LANE</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>LOUISA TRUSTY</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>NONE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. OUGA B. BRYAN-CHAFFEE</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>BACOR Pulmonale, acute</b> <b>ANTECEDENT CAUSES</b> <b>Bronchial asthma</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>21. INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 wks</b>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>July 2</u>, 19<u>54</u>, to <u>July 4</u>, 19<u>54</u>, that I last saw the deceased alive on <u>July 3</u>, 19<u>54</u>, and that death occurred at <u>9:54</u> a.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Harold R. Ridings</b>		<b>23b. ADDRESS</b> <b>ma Cape Girardeau, Mo.</b>	<b>23c. DATE SIGNED</b> <b>7/6/54</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	<b>24b. DATE</b> <b>7-6-1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>UNION PARK CEMETERY</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>CHAFFEE, MO</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>7-7-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>T. C. Summers</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Jack J. Burnett - Chaffee, Mo</b>	

SEP 10 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

Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.