

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36738

State File No.

No. 300

10-48

FILED DEC 3 1954

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 22

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| 1. PLACE OF DEATH a. COUNTY <u>CAPE Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u> | | c. CITY OR TOWN <u>RURAL</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>1 Hour</u> | | e. STREET ADDRESS (If rural, give location) <u>2 MILES N. GIDEON, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. FRANCIS HOSPITAL</u> | | | |

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|---|---------------------------------|---|--|-----------------|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>SHERMAN</u> | b. (Middle) | c. (Last) <u>LANE Jr.</u> | (Month) <u>NOV.</u> | (Day) <u>15</u> | (Year) <u>1954</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>MARCH 8, 1917</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>RAILROAD</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>R. R.</u> | 9. AGE (In years last birthday) <u>37</u> | | IF UNDER 1 YEAR Months _____ Days _____ |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>BIRMINGHAM, ALABAMA</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>SHERMAN LANE Sr.</u> | | 13b. MOTHER'S MAIDEN NAME <u>EMMIE OSBORN</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ollie Mae Lane</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>404-10-7620</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Mae Lane</u> ADDRESS <u>Malden, Mo.</u> | |

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | |

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| 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) _____ (Min) _____ | 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. 15 - 1954, to NOV. 15 - 1954, that I last saw the deceased alive on NOV. 15, 1954, and that death occurred at 7 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. V. Ashley M.D.</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Cape Girardeau Mo.</u> | 23c. DATE SIGNED <u>NOV. 16 1954</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>11-21-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>MONTGOMERY, ALABAMA</u> |

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|--|--|------|---|
| DATE REC'D BY LOCAL REG. <u>11-29-54</u> | REGISTRAR'S SIGNATURE <u>W. C. Summers</u> | 44-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>DAY FUNERAL HOME</u> ADDRESS <u>Malden, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. S. Schuman*

Licensed Embalmer No. *408*
P. O. Address *Malden*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.