

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8635

BIRTH NO. 8856-55 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 36

0512/0

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

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		0512
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center			d. STREET ADDRESS (If rural, give location) Warrensburg Medical Center		

3. NAME OF DECEASED (Type or Print) Gerald Ray Lane			4. DATE OF DEATH March 19, 1955		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married	8. DATE OF BIRTH Feb. 19, 1955		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. 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) Warrensburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
--	--	--	--	---	--	-------------------------------------	--

13a. FATHER'S NAME Jack J. Lane		13b. MOTHER'S MAIDEN NAME Violet M. Christie		14. NAME OF HUSBAND OR WIFE None	
---------------------------------	--	--	--	----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sgt. J. J. Lane, RFD 2, Knobnoster, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema	ANTECEDENT CAUSES					6 hours
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) electrolyte disbalance					2 weeks
	DUE TO (c) Prematurity					07a Month
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

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 2-19-1955, to 3-19-1955, that I last saw the deceased alive on 3-19-1955, and that death occurred at 3:04 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Keith D. Jones, M.D.		23b. ADDRESS Warrensburg, Mo		23c. DATE SIGNED 3-19-55	
---	--	------------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 20, 1955	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri		
--	-------------------------	--	---	--	--

DATE REC'D BY LOCAL REG. Mar 20 1955	REGISTRAR'S SIGNATURE Savannah Cuthbert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney-Phillips, Warrensburg, Mo.		
--------------------------------------	---	--	---	--	--

RECEIVED
MAR 28 1955
JOHNSON COUNTY HEALTH DEPT

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John P. Rodgers*

Licensed Embalmer No. *4963*

P. O. Address *Warrensburg, 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.