

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11242**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **210**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Commerce	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) P. O. Box 55	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Daisy b. (Middle) _____ c. (Last) Lane			4. DATE OF DEATH (Month) (Day) (Year) April 30, 1955		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 2, 1881		9. AGE (In years last birthday) 74		10. IF UNDER 14 YEARS: (Year) (Days) (Hours) (Min.) 0 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Commerce, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Robert Stroud		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Simm Lane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Viola Scott, 4235 Labadie, St. Louis, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acidosis						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		DUE TO (b) Diabetic Coma				
		DUE TO (c) Diabetes Mellitus				
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 260x		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 (Month) (Day) (Year) (Hour) OF INJURY 7:00 AM		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 **4/29, 1955**, to **4/30, 1955**, that I last saw the deceased alive on **4/30, 1955**, and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. A. Klein, MD (Degree or title)		23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 5/7/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5, 1955		24c. NAME OF CEMETERY OR CREMATORY Commerce Cemetery	
				24d. LOCATION (City, town, or county) (STATE) Commerce, Mo.	

DATE REC'D BY LOCAL RES. 5-9-55		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. D. Sparks Cape Girardeau, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 10 1937

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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

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