

FILED AUG 2-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25028

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 64

1030

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

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural (LIBERTY)</b> township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Elkland)</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #1, Essex, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Bessie</b>	b. (Middle) <b>Bell King</b>	c. (Last) <b>Lane</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>July 22, 1955</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 29, 1883</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>23</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired house-keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Lane, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Marcus King</b>	13b. MOTHER'S MAIDEN NAME <b>LaLoona Terrant</b>	14. NAME OF HUSBAND OR WIFE <b>J. W. Lane (Dec'd)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. B. Lane, Essex, Mo. R. 1</b> ADDRESS

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis and myocardial degeneration</b>		<b>unknown</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>4222</b> DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Nephritis</b>		<b>unknown</b>

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 **June 11, 1955** to **July 22, 1955**, that I last saw the deceased alive on **July 22, 1955**, and that death occurred at **8:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>F. O. Kelly D. O.</b> (Degree or title)	23b. ADDRESS <b>Bernie Mo.</b>	23c. DATE SIGNED <b>7-28-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-24-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>	24d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-30-55</b>	REGISTRAR'S SIGNATURE <b>Dalena D. Jenkinson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>404 Strickland-Rainey</b> ADDRESS <b>Dexter, Mo.</b>
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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 \_\_\_\_\_

Lucille Rainey Student Embalmer No. 508  
working under my personal supervision.

Student Lucille Rainey  
Student Embalmer

Signed [Signature]  
Licensed Embalmer No. 3479  
P. O. Address Reston, Va.

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.