

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26799

FILED AUG 23 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural- Eldridge</u>		c. CITY OR TOWN <u>Rural-Eldridge</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 Mo.</u>		STREET ADDRESS (If rural, give location) <u>Dove, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long's Nursing Home</u>			

3. NAME OF DECEASED a. (First) <u>Willis</u> b. (Middle) _____ c. (Last) <u>Lane</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 23, 1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR: Months _____ Days _____
				IF UNDER 12 HRS: Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE. (City and State or Foreign Country) <u>Camden County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Houston Lane</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Parrish</u>	14. NAME OF HUSBAND OR WIFE <u>Zonie Lane</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Zone Lane, Dove, Missouri</u>	ADDRESS _____
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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, 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) <u>CHRONIC VALVULAR HEART DISEASE</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) _____ ✓ <u>4214</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC GLOMERULONEPHRITIS</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 1-8, 1955, to 7-21, 1955, that I last saw the deceased alive on 6-10, 1955, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. A. R. Krause</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>7/25/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/25/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fulbright Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-25-1955</u>	REGISTRAR'S SIGNATURE <u>Hella L. Hay</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u> ADDRESS <u>Lebanon, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Received 8-22-55  
Laclede County Health Unit  
File No. 126  
Date Filed 8-22-55

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

Student.....  
Signature of Student Embalmer

Signed..... *Richard D. Palmer*

Licensed Embalmer No. 45

P. O. Address Liberty

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.