

FILED NOV 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34301

State File No. ....

BIRTH NO. 78907-55 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>1 Hr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural...Newburg (Arlington Twp)</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3, Newburg.</u> <span style="float: right;">0810</span>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>(UN-NAMED)</u> b. (Middle) <u>INFANT</u> c. (Last) <u>LANE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 28 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>October 28, 1955</u>		9. AGE (In years last birthday) <u>1</u> <u>12</u> Months Days Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (State or foreign country) <u>Rolla, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Clyde Lane</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Huskey</u>		14. NAME OF HUSBAND OR WIFE <u>XX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Lane, R t. 3 Newburg, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Failure of respirations to begin following delivery: A few intermittent gasps in air lock occurred</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>PREMATURITY (23 weeks)</u> DUE TO (c) <u>Infant appears normal otherwise.</u> II. OTHER SIGNIFICANT CONDITIONS <u>wise</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr. 12 min</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7625</u>				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) m.		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 <u>28 OCT, 1955</u> , to <u>28 OCT, 1955</u> , that I last saw the deceased alive on <u>28 OCT, 1955</u> , and that death occurred at <u>2:30 p m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R.N. Giem</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Rolla, Mo.</u>	
23c. DATE SIGNED <u>10/28/55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hudgens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near: Newburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 28, 1955</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Staller</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Null &amp; Sons Funeral Home Rolla Mo.,</u> By <u>S. L. Null</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Phelps County Health Officer,

County File Number 253

Date Filed NOV 1 1966

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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.

*Not Embalmed.*

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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