

FILED FEB 23 1956

STANDARD CERTIFICATE OF DEATH

State File No. **3952**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **160**

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| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff | | c. LENGTH OF STAY (In this place) 5 days | c. CITY OR TOWN Dudley |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| | | STREET ADDRESS (If rural, give location) Route # 2 1030 | |

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| 3. NAME OF DECEASED (Type or Print) PRINCE | a. (First) | b. (Middle) ALPHA | c. (Last) LANE | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1956 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 6, 1873 | 9. AGE (In years last birthday) Months Days Hours Min. 82 6 3 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY crop farming | 11. BIRTHPLACE (City and State or Foreign Country) Stoddard co. Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |

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| 13a. FATHER'S NAME Gaston Lane | 13b. MOTHER'S MAIDEN NAME Sarah Scism | 14. NAME OF HUSBAND-OR WIFE Etta Lane |
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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) No. | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Lane, Euxico, Mo. Route # 2 |
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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, 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) Coronary heart disease | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured femur | | | |

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| 19a. DATE OF OPERATION 2-5-56 | 19b. MAJOR FINDINGS OF OPERATION Fractured neck of femur. | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Dudley Stoddard Mo |
| 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 Fall |

22. I hereby certify that I attended the deceased from **2-7, 1956**, to **2-9, 1956**, that I last saw the deceased alive on **2-9, 1956**, and that death occurred at **8:25 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Deceased or title) Wm. H. Murrell M.D. | 23b. ADDRESS Poplar Bluff Mo | 23c. DATE SIGNED 2-13-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Feb. 11-56 | 24c. NAME OF CEMETERY OR CREMATORY Walker cemetery | 24d. LOCATION (City, town, or county) (State) Stoddard Co. Missouri |
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| DATE REC'D BY LOCAL REG. 2/17/56 | REGISTRAR'S SIGNATURE Wm. H. Murrell | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND.CO. Bloomfield, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
FEB 20 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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, & by Lulu Cooper # 3499, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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.