

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH18236  
State File No. 4236  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY			
b. CITY OR TOWN St. Louis, Mo		c. LENGTH OF STAY (If in this place) 9 days		c. CITY OR TOWN Marion		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 1205 Concord avenue			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) E		c. (Last) Lane		4. DATE OF DEATH (Month) (Day) (Year) 4-29-56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4-14-1919		9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) trucker		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and State or Foreign Country) New Burnside, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harry Lowe		13b. MOTHER'S MAIDEN NAME Mayme Tyler		14. NAME OF HUSBAND OR WIFE Betty Lowe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 355-28-0132		17. INFORMANT'S SIGNATURE OR NAME Betty Lowe, Marion, Ill.			
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) Rheumatoid Arthritis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pleural effusion (bilateral)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enlargement of the heart				INTERVAL BETWEEN ONSET AND DEATH 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION .003.1				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 4-20, 1956, to 4-29, 1956, that I last saw the deceased alive on 4-29, 1956, and that death occurred at 6 a. m., from the causes and on the date stated above.							
23a. SIGNATURE H. Pradley M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 4/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4-30-56	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Marion, Ill.		
DATE REC'D BY LOCAL REG. APR 30 1956		REGISTRAR'S SIGNATURE J. Carl Smith Mo		25. FUNERAL DIRECTOR'S SIGNATURE Mitchell, Marion, Ill.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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 *J E Morris*.....

Licensed Embalmer No. *336*

P. O. Address *St Louis*.....

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.