No. 300
10.48

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

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19832

BIRTH NO. _____ REG. DIST. NO. 63 PRIMARY REG. DIST. NO. 3010 Registrar's No. 309

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 41yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1401 N Water St Cape Girardeau

3. NAME OF DECEASED (Type or Print)
a. (First): Samual
b. (Middle): D
c. (Last): Lane

4. DATE OF DEATH (Month) (Day) (Year): June, 7, 1956.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov, 1, 1878
9. AGE (In years last birthday): 77 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Bloomfield Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gaston Lane
13b. MOTHER'S MAIDEN NAME: Sarah Scism
14. NAME OF HUSBAND OR WIFE: Josie Anna Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Josie Anna Lane
ADDRESS: Cape Girardeau,

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Carcinoma of Lung, — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: NONE
163X
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 21, 1956, *to* June 7, 1956, *that I last saw the deceased alive on* June, 1956 *and that death occurred at* 2:32A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Enoch M. Hollworth, M.D.
23b. ADDRESS: 24 N. Sprigg Cape Gir. Mo.
23c. DATE SIGNED: June 8-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/10.1956
24c. NAME OF CEMETERY OR CREMATORY: Lormier Cemt
24d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.

DATE REC'D BY LOCAL REG.: 6-16-56
REGISTRAR'S SIGNATURE: Elizabeth Summers Dep
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Cape Girardeau Mo.

(Licensed Embalmer's Statement on Reverse Side)

4-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. L. Haman [redacted].....

Licensed Embalmer No 2863

P. O. Address Cape Gue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.