

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30800**
Registrar's No. **3625**

FILED SEP 21 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3625</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY OR TOWN <u>Liberty</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>18 South Village Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>			b. (Middle) <u>Belle</u>		c. (Last) <u>Lane</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 1956</u>
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>May 9, 1870</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Pleasant, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Constance</u>			13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel P. Lane</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Lane Liberty, Missouri</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		DUE TO (b) <u>Cardiac insufficiency</u>					<u>4-5 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Primary Carcinoma of sigmoid Carcinoma with internal bleeding</u>					<u>5-6 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Varicosities of esophagus and hiatus herniation</u>					<u>6 months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					<u>8-9 yrs.</u>
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		153X					
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) (Min.)		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>October, 1953</u> , to <u>Aug. 16, 1956</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>Aug. 16, 1956</u> , and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clyde N. Smith</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>10 W. Kansas St., Liberty, Mo.</u>		23c. DATE SIGNED <u>Aug. 17, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brymer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brymer, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-18-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tyler Parley Funeral Home Liberty, Mo.</u>			

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

DATE OF ADM.

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.....
Charles F. Tate

Licensed Embalmer No. *4534*

P. O. Address *Springfield*

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.