No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 22 1956

State File No. 33424

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Ball Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Massachusetts
b. COUNTY: Bristol
c. CITY OR TOWN: Taunton
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 100 Tremont Street

8200

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

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7, 1879
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
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (City and State or Foreign Country): Prince Edward Island, Canada
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edward Lane
13b. MOTHER'S MAIDEN NAME: Margaret Atcheson
14. NAME OF HUSBAND OR WIFE: Ida E. Dary 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.: 032-184619
17. INFORMANT'S SIGNATURE OR NAME: Ball Clinic Records
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Apoplexy (Stroke) — INTERVAL BETWEEN ONSET AND DEATH: 22 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus & Arteriosclerosis.- — 15 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Senile Osteoporosis, Colitis, Anemia & Diffuse Nephritis.- — 5 years
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 260X
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* October 1, 1956, *to* Oct. 3, 1956, *that I last saw the deceased alive on* Oct. 3, 1956, *and that death occurred at* 4.20pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Kurt K. Parrhysius, M.D.
23b. ADDRESS: 210 E Broadway, Excelsior Springs, Mo.
23c. DATE SIGNED: 10-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-4-56
24c. NAME OF CEMETERY OR CREMATORY: Oakland
24d. LOCATION (City, town, or county) (State): Taunton, Mass.

DATE REC'D BY LOCAL REG.: 10-10-56
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Pritchard Funeral Home, Inc. Excelsior Springs, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 16 1956
CLAY CO.
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lindell Jarman

Licensed Embalmer No. 458

P. O. Address Excelsior Springs,

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