

FILED DEC 17 1956

STANDARD CERTIFICATE OF DEATH

State File No. **40721**BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **25**

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) 2 wks	c. CITY OR TOWN Dexter
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 1412 Pine Street		1031	

3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) Elizabeth c. (Last) Lane			4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 26, 1911		9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months 10 Days 21 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory employee		10b. KIND OF BUSINESS OR INDUSTRY Shelfactory		11. BIRTHPLACE (City and State or Foreign Country) Dexter, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME James T. Pruett		13b. MOTHER'S MAIDEN NAME Bertha Tuttleton		14. NAME OF HUSBAND OR WIFE Charles W. Lane	
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. 487-20-2514		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles W. Lane, Dexter, Missouri 1412 Pine St.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute atrophy of liver. Laceration of liver with internal hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 14. days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 1-3-56		19b. MAJOR FINDINGS OF OPERATION Sutured laceration lip & rt knee Exp. lap, Adhesiolysis & freeing small bowel obstruction. Aspl. Splenec. old cavity.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT X SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 60 east		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Poplar Bluff, 124 Butler Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 3 56 9:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Her car run into another machine	

22. I hereby certify that I attended the deceased from **11-3**, 19**56**, to **11-17**, 19**56**, that I last saw the deceased alive on **11-17**, 19**56**, and that death occurred at **25 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert C. Churchill M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 11-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-19-56		24c. NAME OF CEMETERY OR CREMATORY Dexter	
24d. LOCATION (City, town, or county) (State) Dexter, Missouri					

DATE REC'D BY LOCAL REG 12/4/56		REGISTRAR'S SIGNATURE SK Muehleisen		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 10 1955 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, or by....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Lucille Fairney*.....

Licensed Embalmer No. *198*

P. O. Address... *Septon*...

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.