

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

475

STATE FILE NUMBER

FILED JAN 22 1957

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marceline		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #1		Length of stay in lb 4 Mo.	d. STREET ADDRESS (If outside, give location) -		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Louis Jackson Lane			4. DATE OF DEATH Month Day Year Jan 13 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 12 1885		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Chariton, Co. Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME John Lane		
14. MOTHER'S MAIDEN NAME Mary Frances Hughes			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yrs. no. or unknown) (If yrs. give year or dates of service) D.K.		
16. SOCIAL SECURITY NO. D.K.			17. INFORMANT Address State Hospital Records, Fulton, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Cardiac Decompsation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Fracture of Hip					INTERVAL BETWEEN ONSET AND DEATH 9027
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell from bed			
20c. TIME OF INJURY Hour a. m. p. m. 8:10 A.M.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) In hospital			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Fulton, Callaway Mo.			
21. I attended the deceased from Oct 16 1956 to Jan 13 and last saw ⁸³ him alive on 1/12/57 Death occurred at 8:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Torrecelli, M.D. by E. D. Kessler, M.D.			22b. ADDRESS State Hospital, Fulton, Mo.		22c. DATE SIGNED 1/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 15 1957	23c. NAME OF CEMETERY OR CREMATORY Lockes Cemetery		23d. LOCATION (City, town, or county) (State) Keystonville Mo
24. FUNERAL DIRECTOR Wallace Funeral Home		25. DATE RECD. BY LOCAL REG. Jan 13 1957		26. REGISTRAR'S SIGNATURE Martha Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms or signs to be given.
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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: *Hector P. Masure*

Licensed Embalmer No. *499*

P. O. Address: *Fulton*

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