

FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2369

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Waynesville, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville Gen.			Length of stay in lb 1 week		d. STREET ADDRESS Rural Rt. # 2		Residd on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Bryan Alvin Lane				First Bryan	Middle Alvin	Last Lane	4. DATE OF DEATH Month 2 Day 5 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 1, 1902		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee highway dept.			10b. KIND OF BUSINESS OR INDUSTRY Farming.		11. BIRTHPLACE (City and state or country) Waynesville, Mo Rural		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Bryan Alvin Lane					14. MOTHER'S MAIDEN NAME Virginia Belle Lane (unknown)				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.			16. SOCIAL SECURITY NO. 499-03-1649		17. INFORMANT Address Catherine Nicks Waynesville, 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) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH 1-28-57 to 2-5-57	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input 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.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 1-28-57 to 2-5-57 and last saw her alive on 2-9-57 Death occurred at 9:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R. D. Dewitt Sr. (Type or print)					22b. ADDRESS Waynesville, Missouri			22c. DATE SIGNED 2/7/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/8/57	23c. NAME OF CEMETERY OR CREMATORY Waynesville Memorial Cem.			23d. LOCATION (City, town, or county) (State) Waynesville, Mo.			
24. FUNERAL HOME ADDRESS Hedges Funeral Home Waynesville, Mo				25. DATE RECD. BY LOCAL REG. Mo 2-8-57		26. REGISTRAR'S SIGNATURE Paula Gae Anderson			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

800
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. Do not use symptoms or diagnoses. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED 2-9-57
County Health Officer
File Number
Date Filed 2-8-57

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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 *Clara Moore*

Licensed Embalmer No. 48

P. O. Address *Weymouth*

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.