

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 12 1957

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4269 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). -a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>	c. CITY OR TOWN <u>Seneca</u> ⁰⁷³⁰
d. FULL NAME OF HOSPITAL OR INSTITUTION		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)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orlena</u> b. (Middle) <u>Alice</u> c. (Last) <u>Lane</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>whit.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>	8. DATE OF BIRTH <u>May 13, 1862</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months Days
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Newton Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wilay Burkhart</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Ann Durham</u>	14. NAME OF HUSBAND OR WIFE <u>Alfred Lane</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Cooper</u> ADDRESS <u>Seneca, Mo.</u>
--	-------------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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) <u>Seneca, Mo.</u>
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 May, 1955, to Feb 26, 1957 that I last saw the deceased alive on Feb 26, 1957, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Tom B. Roberts, D.O.</u> (Degree or title)	23b. ADDRESS <u>Seneca Mo.</u>	23c. DATE SIGNED <u>3/1/57</u>
--	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-28-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Seneca, Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-2-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. McKeown</u> ADDRESS <u>Seneca Mo.</u>
--	---	---

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

4269

RECEIVED

District Health Officer No. Newton
District File Number 257-92
Date Filed MAR 9 1957

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 W. E. Bullcome

Licensed Embalmer No. 217

P. O. Address Seneca

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.