

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013608
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 72 Primary Registration District No. 5292 Registrar's No. 40

5. 300
1-57

000

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Platte Twms.		c. CITY OR TOWN SMITHVILLE, R.F.D.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		d. STREET 5 MILES outside, give location) ADDRESS N.W. of SMITHVILLE	
3. NAME OF DECEASED (Type or print) First LESTER Middle LANE Last LANE		4. DATE OF DEATH Month APRIL Day 8 Year 1958	
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 OCT. 13, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY DAIRY	11. BIRTHPLACE (City and state or country) BUCHANAN COUNTY, MO.
13a. FATHER'S NAME GEORGE LANE		13b. MOTHER'S MAIDEN NAME MARTHA ANGELINE ANDERSON	
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.	
17. INFORMANT MRS. LESTER LANE, SMITHVILLE, MO.		Address R. F. D.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Degeneration Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4201
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 1-18-58 to 4-8-58 and last saw him alive on 3-28-58 Death occurred at 6 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. J. Hobbs (Degree or title) MD		22b. ADDRESS Smithville, Mo	
22c. DATE SIGNED 4-10-58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 4-10-'58		23c. NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY	
23d. LOCATION (City, town, or county) NORTH EAST of GOWER, MO.		23e. (State)	
24. FUNERAL DIRECTOR McCOMAS FUNERAL HOME,		ADDRESS SMITHVILLE, MO.	
25. DATE RECD. BY LOCAL REG. 4-10-58		26. REGISTRAR'S SIGNATURE Marguerite Hudgens	



APR 22 1958

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

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.