

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014655
STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 198

300
1-57

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| 1. PLACE OF DEATH a. COUNTY <u>JASPER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>JOPLIN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOHN'S</u> | | Length of stay in 1b <u>58 yrs</u> | d. STREET ADDRESS (If outside, give location) <u>533 N. MOFFET</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>EULA</u> Middle <u>HARRIS</u> Last <u>LANE</u> | | | 4. DATE OF DEATH Month <u>APRIL</u> Day <u>25</u> Year <u>1958</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 5, 1876</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 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 <u>own home</u> | 11. BIRTHPLACE (City and state or country) <u>near Carthage, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Thomas Kyle Irwin</u> | 13b. MOTHER'S MAIDEN NAME <u>Annie N. Cox</u> | 14. NAME OF HUSBAND OR WIFE <u>Jas. M. Lane, Deceased</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>—</u> | 17. INFORMANT <u>Pre-arrangements by deceased</u> Address _____ |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Arteriosclerosis & Arteriothrombosis (heart disease) generalized</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 YRS.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | <u>4200</u> | |
| 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"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 20d. INJURY OCCURRED WHILE AT <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 <u>4200</u> | COUNTY _____ STATE _____ |
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| 21. I attended the deceased from <u>4-17-58</u> to <u>4-25-58</u> and last saw her <u>alive</u> on <u>4-25-58</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u> | 22b. ADDRESS <u>2125 Johnson St Joplin</u> | 22c. DATE SIGNED <u>4-25-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>APRIL 28, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>PARK</u> | 23d. LOCATION (City, town, or county) (State) <u>CARTHAGE Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Steve Parker Mortuary</u> ADDRESS <u>Joplin, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>4-25-1958</u> | 26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

County File Number
APR 29 1958
Date Filed

MAY 14 1958

MAY 8 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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Josephine Mc*

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.