

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025619

STATE FILE NUMBER

3582

FILED AUG 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3582

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Monroe City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>406 E. 61st Terrace</b>		Length of stay in lb <b>6 days</b>	d. STREET ADDRESS (If outside, give location) <b>402 E. Cleveland</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MR. LAMBERT L. LANE</b>			4. DATE OF DEATH Month Day Year <b>July 23 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 5, 1889</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner of Men's Clothing Store</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kalls County, Missouri</b>	11. BIRTHPLACE (City and state or country) <b>USA</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John E. Lane</b>	13b. MOTHER'S MAIDEN NAME <b>Lou A. Crisler</b>
14. NAME OF HUSBAND OR WIFE <b>Beatrice Lane</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-38-7132</b>
17. INFORMANT <b>Mrs. Beatrice Lane</b>		Address <b>Monroe City, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ventricular Fibrillation - Terminal</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Myocardial Infarction Acute</b>			<b>3 hours</b>
DUE TO (c) <b>Coronary Artery Sclerosis and Occlusion</b>			<b>6 mos</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cor Pulmonale</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>---</b>		
20c. TIME OF INJURY Hour Month, Day, Year 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.) <b>---</b>	20f. CITY, TOWN, OR LOCATION <b>---</b>	COUNTY STATE
21. I attended the deceased from <b>6-23-1958</b> to <b>7-23-58</b> and last saw him alive on <b>7-22-1958</b> Death occurred at <b>3 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) <b>Graham Asher, M.D.</b>		22b. ADDRESS <b>1220 Professional Bldg Kansas City, Mo</b>	22c. DATE SIGNED <b>7-24-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>July 24, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Jude's Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Monroe City, Missouri</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McClure Und. Co., K. C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-24-58</b>	26. REGISTRAR'S SIGNATURE <b>Neve Minshall</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Graham Asher



U.S. 8180  
3 To Leticia Pm.

MS  
MAR 28 1960

**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 *Eugene J. [Signature]*

Licensed Embalmer No. *463*  
P. O. Address *K. E. [Signature]*

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.