Health, & Welfare Public Service

5. 300 1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029788

STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rural — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Neosho Twp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Neosho R.F.D. 1 — Residence on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: JOSEPH Middle: LEE Last: LANE

4. DATE OF DEATH: Month July Day 31 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 14, 1885
9. AGE (In years Last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (City and state or country): Pike County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Lane
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Louise Lane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 488-26-6428
17. INFORMANT: Louise Lane, Address: Neosho Mo. R. # 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myo Carditis Rheumatic — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 3 wks
DUE TO (c) 415X
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 1942, to July 31-58 and last saw him alive on July 30-58
Death occurred at 2:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Melvin McCullough DO (Degree or title) 2
22b. ADDRESS: Neosho Mo
22c. DATE SIGNED: 8/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-2-1958
23c. NAME OF CEMETERY OR CREMATORY: Neosho Memorial Park
23d. LOCATION (City, town, or county) (State): Newton County Missouri

24. FUNERAL DIRECTOR: Corley Thompson Sr. ADDRESS: Neosho Mo.
25. DATE RECD. BY LOCAL REG.: 8-15-58
26. REGISTRAR'S SIGNATURE: Melvin C. Bowman, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED
District Health Officer No. Newton
District File Number 858-174
Date Filed AUG 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 Carey Thompson Sr.
Licensed Embalmer No. 3259
P. O. Address Neosho 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.