

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035544

STATE FILE NUMBER 1149

FILED NOV 3 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hosp.		Length of stay in lb 35 years		d. STREET ADDRESS 0117 1005 Grand		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last VIOLA LANE				4. DATE OF DEATH Month Day Year October 27, 1958			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 11, 1903		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Quaker Oats Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Elwood, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Theodore Kerns			13b. MOTHER'S MAIDEN NAME Ida Droz			14. NAME OF HUSBAND OR WIFE Milton	
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. 491-10-7443		17. INFORMANT Address Mrs. Beulah Foster, Elwood, Kansas			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fractured skull, accepted area						2 days	
DUE TO (c) 8244							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) 32						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) fell from automobile				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. approximately 1:30AM - 10-25-58							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION approximately 15th Grand Ave, St. Joseph		COUNTY STATE Mo	
21. I attended the deceased from 10-25-58 to 10-27-58 and last saw her alive on 10-27-58 Death occurred at 12:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Richard L. Meakin M.D.				22b. ADDRESS Phys & Surg Bldg 216 St. Joseph		22c. DATE SIGNED 10-28-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10/30/1958	23c. NAME OF CEMETERY OR CREMATOR Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
24. FUNERAL DIRECTOR Heaton Bowman			ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Oct 29, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

All diseases in Part I must be causally related.

Dr. Richard L. Meakin USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 19 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 *William Spalding* .....

Licensed Embalmer No. .... 4535 .....

P. O. Address *St Joseph 70* .....

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.