

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035661
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Braymer		c. CITY OR TOWN Braymer Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If outside, give location) 0 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb 20 years			

3. NAME OF DECEASED (Type or print) First WILLIAM Middle E. Last LANE			4. DATE OF DEATH Month Oct. Day 17, Year 1958		
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5. SEX male <input type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/26/1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 2 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Caldwell Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Thomas J. Lane	14. MOTHER'S MAIDEN NAME Leoulla Bales
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. 1	16. SOCIAL SECURITY NO.	17. INFORMANT Forrest Zumbrunnen, Braymer, Mo.
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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) Coronary occlusion DUE TO (b) Cardio-renal disease DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH immediate several hrs
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"/>

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 1:00 Month, Day, Year 10/16/58
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20d. INJURY OCCURRED WHILE AT WORK <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 Braymer, Mo.	COUNTY Caldwell	STATE Mo.
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21. I attended the deceased from **Aug 1958** to **Oct. 16/58** and last saw him alive on **10/16/58**
Death occurred at **6:00 A. M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Forrest Zumbrunnen (Degree or title)	22b. ADDRESS Braymer, Mo.	22c. DATE SIGNED 10/18/58
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23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	23b. DATE 10/20/1958	23c. NAME OF CEMETERY OR CREMATORY Black Oak cemetery	23d. LOCATION (City, town, or county) (State) Caldwell Co., Mo.
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24. FUNERAL DIRECTOR Michael Funeral Home, Braymer, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-20-1958	26. REGISTRAR'S SIGNATURE Forrest Zumbrunnen
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
300 1-56 /
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
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.

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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 *Genub. Michael.*

Licensed Embalmer No. *43*

P. O. Address *Brayman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.