

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041836

State File No.

FILED DEC 3 1958

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10950**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. LOUIS		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN DUPO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)	
IVAN SEYMORE LANE				c. (Last)	
4. DATE OF DEATH		(Month)		(Day) (Year)	
November 13, 1958					
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
male	white	married		September 15, 1896	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive Engineer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. Railroad		11. BIRTHPLACE (City and State or Foreign Country) Brownwood, MISSOURI	
13a. FATHER'S NAME Andrew Bennett LANE		13b. MOTHER'S MAIDEN NAME Martha ADAMS		14. NAME OF HUSBAND OR WIFE Emma MC FERON	
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. 702-16-5177		17. INFORMANT'S SIGNATURE OR NAME Foster B. Fane	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction, acute</i>			INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/3</u> ¹⁹⁵⁸ , to <u>11/13</u> ⁵⁸ , that I last saw the deceased alive on <u>8:30</u> ^{11/13} <u>m.</u> , and that death occurred at <u>8:30</u> ^{11/13} <u>m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>R C Freeman</i>		(Degree or title) M.D.		23b. ADDRESS 1755 So. Grove St. Louis Mo	
23c. DATE SIGNED 11/14/58		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
		November 13, 58		24c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park	
24d. LOCATION (City, town, or county) (State) Belleville, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE <i>Harold A. Washner</i>		ADDRESS Dupo, Illinois	
DATE REC'D BY LOCAL REG. NOV 14 58		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Harold A. Washner</i>	

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..... *Harold A. Washburn*

Licensed Embalmer No..... 4621

P. O. Address..... Dupon. Illi.....

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.