

Health,
& Welfare
Public
Service

S. 300
1-57

Secretary, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045953-58
45953
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12466

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp 1		d. STREET ADDRESS (If outside, give location) 223 Eichelberger	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last TOMMY T LANE			4. DATE OF DEATH Month Day Year 12-22-58		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-16-1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman	10b. KIND OF BUSINESS OR INDUSTRY Old Folks Home	11. BIRTHPLACE (City and state or country) Galatia, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME William Carrol Lane	13b. MOTHER'S MAIDEN NAME Martha Ann Wiggins	14. NAME OF HUSBAND OR WIFE Alma Lane
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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. 364 18 7294	17. INFORMANT Loren Lane, Manchester, Mo.	Address
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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) <i>Subdural Hematoma</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>Multiple Fractures.</i>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <i>suffered when struck by car operated by one [unclear] of 5200 So Broadway, about 6:05 am, December 22 1958.</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <i>struck by car</i>	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20c. TIME OF INJURY Hour Month, Day, Year 6:05 a.m. 12 22 58	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.) 15 Street	20f. CITY, TOWN, OR LOCATION St. Louis Mo	COUNTY	STATE
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21. I attended the deceased from <i>8:30 P.</i> to <i>9:00 P.</i> and last saw her alive on <i>12-22-58</i> Death occurred at <i>830 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <i>Catharine Taylor Carver</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE FILLED <i>DEC 22 1958</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-24-58	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Corning, Ark.
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24. FUNERAL DIRECTOR Russell-Ermert, Corning, Ark.	25. DATE RECD. BY LOCAL REG. DEC 24 58	26. REGISTRAR'S SIGNATURE <i>Paul Smith</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Lawrence M. Bilko*

Licensed Embalmer No. *4375*

P. O. Address *St. Louis, 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.