Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012298
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 196

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN: Columbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1029 Again — Length of stay in Hospital: 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia 6105 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1029 Again — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Henry Middle: Gibson Last: Lane

4. DATE OF DEATH: Month 4 Day 25 Year 59

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 31, 1904
9. AGE (In years last birthday): 54 — 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): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Power Plant
11. BIRTHPLACE (City and state or country): Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Charles Woodson Lane
13b. MOTHER'S MAIDEN NAME: Loretta Gibson
14. NAME OF HUSBAND OR WIFE: Aileen Lane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 389-05-8833
17. INFORMANT: Mrs. Aileen Lane Address: Columbia, Mo.

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Lung (with — 4 mos
DUE TO (c) cerebral metastases)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 163X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 Nov 26, 1958 to 4/25/59 and last saw him alive on 4/25/59
Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD
22b. ADDRESS: 1 West Blvd No.
22c. DATE SIGNED: 4/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/27/59
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Columbia, Mo.

24. FUNERAL DIRECTOR: Lyman Sprinkle ADDRESS: Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: Apr. 27, 1959
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(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.

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 .....

Licensed Embalmer No. 4425

P. O. Address .....

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.