ED VS OCT 6 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-031771
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 90

LACE OF DEATH COUNTY: Clay	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Illinois b. COUNTY: Cook
CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Excelsior Springs — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Chicago — Inside Limits: Yes [X] No [ ]
FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Veterans Administration Hospital — Length of stay in 1b: 1411 days	d. STREET ADDRESS (If outside, give location): 331 Van Buren Street — Reside on Farm: Yes [ ] No [X]

AME OF DECEASED (ype or print)	First	Middle	Last	4. DATE OF DEATH (Month Day Year)
	ALTON	HARRY	LANE	Sept. 19, 1959

EX	6. COLOR OR RACE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
ale	White		Jan. 31, 1904	55				

SUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
ook	Hotel	Waco, Texas	U.S.A.

THER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
ert Alexander Lane	Nora Edwards	Johanna Lane

S DECEASED EVER IN U. S. ARMED FORCES? (o, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
es WW II	455 18 7181	VA Hospital records

. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Emphysema, obstructive and compensatory, severe	3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Tuberculosis, pulmonary, far advanced, active	5 yrs
DUE TO (c)	- -	

J.B.S.

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 [X] NO [ ]

a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
	- -
c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	- -

d. INJURY OCCURRED HILE AT RK [ ] 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

/VA Attended the deceased from 11-8-55, to 9-19-59 xxxxxxxxxxxxxxxxxxxx

Death occurred at 6:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
J. Mantell J. MANTELL, M.D., Acting Pathologist	Excelsior Springs, Mo.	9-19-59

RIAL, CREMATION, EMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
EMOVAL	9-21-59	WADSWORTH	WADSWORTH, KANSAS

NERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Prichard Funeral Home, Inc. Excelsior Springs, Missouri	9-26-59	Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate wa

by me, ~~or by~~ ....., Student Embalmer No. ..

working under my personal supervision.

Student ..... Signed Ralph H. VanLandin

Signature of Student Embalmer

Licensed Embalmer No. ..

P. O. Address .....

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