DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1959

59-039426
STATE FILE NUMBER

MENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 342

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b: 14 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 806 Bald Hill Rd. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 806 Bald Hill Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Jesse — Middle Lefridge — Last Lane
4. DATE OF DEATH: Month December — Day 9 — Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 2 1895
9. AGE (last birthday): 64 years — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prison Guard
10b. KIND OF BUSINESS OR INDUSTRY: Prison Guard
11. BIRTHPLACE (City and state or country): Gentry County Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles Lane
13b. MOTHER'S MAIDEN NAME: Elizabeth Beal
14. NAME OF HUSBAND OR WIFE: Clara Hughes Lane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs Clara Hughes Lane — Address: 806 Bald Hill Rd. Jefferson City, 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) Infarction of the myocardium — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary artery thrombosis — 12 hrs
DUE TO (c) ASHD

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of stomach

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 3/7/59, to 12/9/59 and last saw ~~her~~ him alive on 12/8/59.
Death occurred at 2:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) John J. Matthews MD
22b. ADDRESS 302 Bolivar, Jefferson City
22c. DATE SIGNED 12/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 11, 1959
23c. NAME OF CEMETERY OR CREMATORY: Grant City Cemetery
23d. LOCATION (City, town, or county) (State): Grant City, Missouri.

24. FUNERAL DIRECTOR: Tanner Funeral Home — ADDRESS: 700 Jefferson St. Jefferson City, Mo
25. DATE RECD. BY LOCAL REG.: 9 Dec 1959
26. REGISTRAR'S SIGNATURE: R.P. Harris MD - M Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS DEC 8 0 1959

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_____ Signed Daniel P. Freeman

Signature of Student Embalmer

Licensed Embalmer No. 4623

P. O. Address [illegible]

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