

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018617

FILED VS JUN 14 1960

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Registration District No. 3010

Registrar's No. 232

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		c. CITY OR TOWN CHAFFEE	
Length of stay in 1b 1 DAY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SOUTHEAST MO. HOSP.		d. STREET ADDRESS (If outside, give location) 423 BLACK AVE.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) DENNIS GARREL LANE			4. DATE OF DEATH JUNE 2-1960			
5. SEX M.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-16-50	9. AGE (last birthday) 10	IF UNDER 1 YEAR Months 3 Days 17	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) CAPE GIRARDEAU MO		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME MERRIEL G. LANE		13b. MOTHER'S MAIDEN NAME MAYBELLE ANDERSON		14. NAME OF HUSBAND OR WIFE Mr. M. C. James CHAFFEE MO		
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. <input checked="" type="checkbox"/>	17. INFORMANT Address Mr. M. C. James CHAFFEE MO			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia		INTERVAL BETWEEN ONSET AND DEATH 16 MOS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.) _____		
20c. TIME OF INJURY Hour _____ a.m. / p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____	STATE _____	

21. I attended the deceased from **Feb. 1959** to **June 2, 1960** and last saw him alive on **6-2-60**
Death occurred at **9:10 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas. J. Herbert		22b. ADDRESS Cape Girardeau, MO		22c. DATE SIGNED 6/6/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-4-1960	23c. NAME OF CEMETERY OR CREMATORY FOREST HILLS CEM.	23d. LOCATION (City, town, or county) GRAN MO			
24. FUNERAL DIRECTOR STUBBS' FUNERAL HOME		ADDRESS CHAFFEE MO	25. DATE RECD. BY LOCAL REG. 6-8-1960	26. REGISTRAR'S SIGNATURE Gene Kasten		

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene L. Stables

Licensed Embalmer No. 5012

P. O. Address Chaffee, 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.