

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024690  
STATE FILE NUMBER

FILED VS JUN 27 1960 318  
Registration District No. 1003 Primary Registration District No. 6087 Registrar's No.

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>				Length of stay in 1b <b>15. Yrs.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOMER G. PHILLIPSHOSPITAL</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1420, No. LEFFENWELL</b>	
3. NAME OF DECEASED (Type or print) First <b>LAURA</b> Middle <b>LANE</b> Last <b>LANE</b>				4. DATE OF DEATH Month <b>6</b> - Day <b>11</b> th - Year <b>1960</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>COL.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-15-1880</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTICTS</b>	11. BIRTHPLACE (City and state or country) <b>TUNICA MISSISSIPPI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		
13a. FATHER'S NAME <b>FRANK PATTON</b>			13b. MOTHER'S MAIDEN NAME <b>QUEENIE PATTEN</b>		14. NAME OF HUSBAND OR WIFE <b>HARK LANE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>NO</b>   <b>NONE</b>			16. SOCIAL SECURITY NO. <b>408-42-4846</b>		17. INFORMANT <b>Momia Murphy</b> Address <b>1420, No. LEFFENWELL</b>		
18. 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 <b>Fracture of the right Hip</b>							
DUE TO (b) <b>Arterio sclerotic Heart Disease</b>							
DUE TO (c) <b>904.0 21</b>							
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 <b>NO</b> days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>			
20c. TIME OF INJURY Hour <b>9:00</b> a.m. Month, Day, Year <b>6 4 60</b>		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 bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>St Louis Mo.</b>		20g. COUNTY <b>St Louis Mo.</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>730h</b> to <b>her</b> and last saw <b>him</b> alive on <b>the date stated above, and to the best of my knowledge, from the causes stated.</b>							
22a. SIGNATURE <b>John M. Houston</b> (Degree or title) <b>Deputy Coroner</b>				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>6-13-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>6 - 16 - 60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OAKDALE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS. MO MISSOURI</b>	
24. FUNERAL DIRECTOR <b>John M. Houston</b> ADDRESS <b>2812, THOMAS ST.</b>			25. DATE RECD. BY LOCAL REG. <b>JUN 14 1960</b>		26. REGISTRAR'S SIGNATURE <b>Loard Smith, M.D.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 \_\_\_\_\_

Licensed Embalmer No. 4441

P. O. Address 2812 Thom

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.