

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025704

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 331

STATE FILE NUMBER

**1. PLACE OF DEATH**  
 a. COUNTY Jasper,  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin, Length of stay in 1b 1 Week,  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital, Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Oklahoma b. COUNTY Ottawa,  
 c. CITY OR TOWN Miami, Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 7 J Street N.E. Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print)  
 First Delmar Middle ---- Last Lane

**4. DATE OF DEATH** Month July Day 2nd, Year 1961,

**5. SEX** Male, **6. COLOR OR RACE** White, **7. Married**  **Never Married**   
**Widowed**  **Divorced**

**8. DATE OF BIRTH** 12/13/1903 **9. AGE (last birthday)** 57, **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) Laborer, **10b. KIND OF BUSINESS OR INDUSTRY** General, **11. BIRTHPLACE** (City and state or country) Joplin, Missouri, **12. CITIZEN OF WHAT COUNTRY** U. S. A.

**13a. FATHER'S NAME** William Lane, **13b. MOTHER'S MAIDEN NAME** Fannie Howard, **14. NAME OF HUSBAND OR WIFE** None,

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) No, **17. INFORMANT** J. F. Reid, Address 7 J Street, N. E., Miami, Oklahoma

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY: hemorrhage from duodenal ulcer interhead of pancreas. IMMEDIATE CAUSE (a) pancreas. **INTERVAL BETWEEN ONSET AND DEATH** 24 hours  
Recurrent hemorrhage from gastro-intestinal tract (Hemorrhagic diatheses) Uremia, from non-functioning rt. kidney, left kidney less than 10% functioning.  
 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.  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** 3/16/61 to 7/2/61 and last saw <sup>her</sup>/<sub>him</sub> alive on 7/2/61  
 Death occurred at: 11.17 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** B. E. DeTar, Jr. M.D. (Degree or title) **22b. ADDRESS** DeTar Clinic, 410 Jackson, Joplin, Missouri, **22c. DATE SIGNED** 7/3/61

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Removal **23b. DATE** July 2, 1961 **23c. NAME OF CEMETERY OR CREMATORY** Ottawa Cemetery, **23d. LOCATION (City, town, or county)** Miami, Oklahoma, (State)       

**24. FUNERAL DIRECTOR** Hutchins Funeral Home, Miami, Oklahoma **25. DATE RECD. BY LOCAL REG.** 7-14-1961 **26. REGISTRAR'S SIGNATURE** Robt Merriam

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

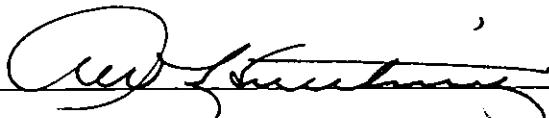
BY AFFIDAVIT OF

ITEM NO.

**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. 44-508

P. O. Address Miami, Ok

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.