

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035835

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 46

AMENDED

FILED NOV 7 1961

1. PLACE OF DEATH a. COUNTY BOLLINGER COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LUTESVILLE		c. CITY OR TOWN ARBYRD	
Length of stay in 1b 8 MONTHS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONDS NURSING HOME		d. STREET ADDRESS (If outside, give location) BOX 175	
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) First AYA Middle LOCKHART Last LANE			4. DATE OF DEATH Month Oct. Day 18 Year 1961			
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-16-92	9. AGE (last birthday) 69	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) DONIPHAN, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JAMES RAWLINS		13b. MOTHER'S MAIDEN NAME FRANCIS LEWIS		14. NAME OF HUSBAND OR WIFE W. R. LANE		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT ANDY LOCKHART	Address MALDEN, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Atherosclerosis		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a) Osteomyelitis of hip joint		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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from <u>8/15/60</u> to <u>10/18/61</u> and last saw her ^{her} _{him} alive on <u>10/18/61</u> Death occurred at <u>2:23 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>John J. Moore MD</i>	22b. ADDRESS <i>Pulaski, Mo</i>	22c. DATE SIGNED <i>10/18/61</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-20-1961	23c. NAME OF CEMETERY OR CREMATORY TOWEL'S	23d. LOCATION (City, town, or county) DONIPHAN MO.
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24. FUNERAL DIRECTOR DAY & KNIGHT, F.S., MALDEN, MO.	25. DATE RECD. BY LOCAL REG. Oct. 30-61	26. REGISTRAR'S SIGNATURE <i>Mr. Buford Crader</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. J. Kleiman

Licensed Embalmer No. 4086

P. O. Address Malden

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.