

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=61-040352**

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 452

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

**FILED NOV 27 1961**

1. PLACE OF DEATH  
 a. COUNTY Cape Girardeau  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Oak Ridge Length of stay in 1b 50 yrs  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION man St Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Cape Girardeau  
 c. CITY OR TOWN Oak Ridge Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) main St Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
ROBERT - McLANE Nov. 17, 1961

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Aug 25, 1915 9. AGE (last birthday) 86  
 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) Farming 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City, and state or country) Oak Ridge 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Marion McLane 13b. MOTHER'S MAIDEN NAME Emeline Hinkle 13c. NAME OF HUSBAND OR WIFE Hattie McLane

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 Kennett McLane Address Oak Ridge, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerosis, generalized INTERVAL BETWEEN ONSET AND DEATH 2 years  
 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) mal nutrition 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 \_\_\_\_\_ 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 May 1961 to Nov. 17, 1961 and last saw him alive on 10-26-61  
 Death occurred at 8:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E.F. McDonald, MD 22b. ADDRESS Jackson, Mo. 22c. DATE SIGNED 11-21-61

23a. BURIAL OR CREMATION (Specify) Burial 23b. DATE Nov. 19, 1961 23c. NAME OF CEMETERY OR-CREMATORY Oak Ridge 23d. LOCATION (City, town, or county) (State) Oak Ridge Mo.

24. FUNERAL DIRECTOR W. Miller Jackson Mo ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 11-25-1961 26. REGISTRAR'S SIGNATURE Gene Kasten

JAN 11 1962  
JAN 18 1962

**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 *[Signature]*

Licensed Embalmer No. 4327

P. O. Address Jackson, Miss

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.