

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

62-020646

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **4832**

FILED MAY 23 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MO.** Length of stay in lb _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. JOHNS, HOSP.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **ARK.** b. COUNTY **RANDOLPH**
 c. CITY OR TOWN **DALTON R.R.** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
LUCY E. LANE

4. DATE OF DEATH Month Day Year
5 - 7 - 62

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7/14/1891** 9. AGE (last birthday) **70** 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) **house wife** 10b. KIND OF BUSINESS OR INDUSTRY **OWN HOME** 11. BIRTHPLACE (City and state or country) **RANDOLPH, COUNTY, ARK U.S** 12. CITIZEN OF WHAT COUNTRY _____

13a. FATHER'S NAME **CHARLES GOING** 13b. MOTHER'S MAIDEN NAME **SARAH** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **NONE** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **WAYMON LANE ARK.** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Infarction of Myocardium**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Coronary Artery Disease**
 DUE TO (c) **420.1**
 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

INTERVAL BETWEEN ONSET AND DEATH **72 hours**
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 **1 Dec 59** to **7 May 62** and last saw her alive on **7 May 62**
 Death occurred at **7:00 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John F. McLean M.D.** 22b. ADDRESS **4401 Hampton, St. Louis Mo.** 22c. DATE SIGNED **8 May 62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **5/12/62** 23c. NAME OF CEMETERY OR CREMATORY **WALNUT GROVE** 23d. LOCATION (City, town, or county) (State) **DALTON, RR ARK.**

24. FUNERAL DIRECTOR **MCNABB FUNERAL HOME** ADDRESS **ARK.** 25. DATE RECD. BY LOCAL REG. **MAY 12 1962** 26. REGISTRAR'S SIGNATURE **Coal Smith M.D.**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1

80308

3

4 1

5 2

6

7 1

8 1

9

10

11

12 74-c

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

74

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 *Henry A. Kille*

Licensed Embalmer No. 3481
P. O. Address *Capital City, 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.