MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 47 — 62-021663 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

FILED MAY 25 1962

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Elk Township — Length of stay in Ib:
c. FULL NAME OF HOSPITAL OR INSTITUTION: Residence — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stoddard
c. CITY OR TOWN: Parma — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. F. D. #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: George Middle: Wesley Last: Lane
4. DATE OF DEATH: Month: April Day: 30, Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-22-1871
9. AGE (last birthday): 90 — IF UNDER 1 YEAR: Months 6 Days 8 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Jersey County, Ill.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Lane
13b. MOTHER'S MAIDEN NAME: Louise Newberry
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Eugene Lane, Address: Dexter, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Senility
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 Apr. 30-1962, to Apr. 30-1962 and last saw her/him alive on Apr. 30-1962
Death occurred at 11:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D. J. Cannon (Degree or title) D.O.
22b. ADDRESS: Dexter, Mo.
22c. DATE SIGNED: 5-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-3-62
23c. NAME OF CEMETERY OR CREMATORY: Essex
23d. LOCATION (City, town, or county) (State): Essex, Missouri

24. FUNERAL DIRECTOR: Rainey Funeral Home, ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 5-14-62
26. REGISTRAR'S SIGNATURE: Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, 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.