

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036395

318

1003

9046

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9046

FILED SEP 24 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b --	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5047 Waterman</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CATHERINE</u> Middle <u>B.</u> Last <u>LANE</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>18,</u> Year <u>1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>March 11 1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blue Cross Plan</u>	11. BIRTHPLACE (City and state or country) <u>Mascoutah, Illinois</u>
13a. FATHER'S NAME <u>Rudolph H. Nicol</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Oster</u>	14. NAME OF HUSBAND OR WIFE <u>Newton B. Lane</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Blue Springs, Missouri</u> <u>Mr. Erwin M. Nicol, Rt 2 - Box 244</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Subdural + Subarachnoid cerebral hemorrhage - lt. temporo-parietal area 2 days</u> DUE TO (b) <u>Cerebral Aneurysm</u> DUE TO (c) <u>Cerebral Aneurysm</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>330x</u>			INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)	
20c. TIME OF INJURY Hour <u>8 A.</u> s.m. Month, Day, Year <u>Sept 16, 1962</u>	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 <u>Sept 18, 1962</u> COUNTY STATE
21. I attended the deceased from <u>Sept 16, 1962</u> to <u>Sept 18, 1962</u> and last saw her alive on <u>Sept 18, 1962</u> Death occurred at <u>8 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard J. Jones M.D.</u> (Degree or title)		22b. ADDRESS <u>3720 Washington</u>	22c. DATE SIGNED <u>9-19-62</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>Sept 20, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mascoutah Ill. City Cemetery, Mascoutah, Illinois</u>	
24. FUNERAL DIRECTOR <u>Lupton Chapel, 7233 Delmar Blvd, St. Louis</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 19 1962</u>	26. REGISTRAR'S SIGNATURE <u>Neal Smith, M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

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Dr. Richard Jones  
3770 Washington  
93-3-1057  
Wed 2-3:30 PM.

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 Clarence A. Murray

Licensed Embalmer No. 4011  
P. O. Address St. Louis, 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.