

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036397

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9449**

**FILED OCT 11 1962**

VS 300  
Rev. 4/59

1

2 *2/29*

3

4 *2*

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6

7 *0*

8 *2*

9

10

11

12 *90-0*

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in lb

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes  No

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **#2 Lewis Place**

Inside Limits  
Yes  No

d. STREET ADDRESS (If outside, give location)  
**#2 Lewis Place**

Reside on Farm  
Yes  No

3. NAME OF DECEASED (Type or print)

First Middle Last  
**Moses Lane**

4. DATE OF DEATH  
Month Day Year  
**Sept. 30, 1962**

5. SEX  
**Male**

6. COLOR OR RACE  
**Negro**

7. Married  Never Married   
Widowed  Divorced

8. DATE OF BIRTH  
**9-8-1884**

9. AGE (last birthday)  
**78**

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)  
**Retired Railroad Employee**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Pacific, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Richard Lane Sr.,**

13b. MOTHER'S MAIDEN NAME

**Catherine Jackson**

14. NAME OF HUSBAND OR WIFE

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.

17. INFORMANT Address  
**Richard Layne- #2 Lewis Place**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Arteriosclerotic Heart Disease**

DUE TO (b)

**2) Hypostatic Pneumonia**

DUE TO (c)

*4200*

INTERVAL BETWEEN ONSET AND DEATH

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 **8/8/62** to **9/30/62** and last saw her alive on **9/29/62**  
Death occurred at **6:50** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

*W. Monroe H. Little, M.D.* 3167 Sheridan Avenue

22c. DATE SIGNED

**10/1/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

**Removal 10-3-62**

**City Cemetery**

**Pacific, Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**G. Wade Granberry 4202 Finney Ave.,**

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**10-3-1962** *W. Monroe H. Little, M.D.*

USE BLACK INK OR TYPEWRITER RIBBON

**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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

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.