

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011245

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered on **FILED APR 1 1963** Primary Registration District No. **200** Registrar's No. **225**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1397

20300

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Charity	
Length of stay in 1b 1 day		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If outside, give location) Charity	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Melody Anne Lane			4. DATE OF DEATH 7 FEB - 22 - 1963		
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 7-30-1962		9. AGE (last birthday) 6 Months 23 Days		IF UNDER 1 YEAR IF UNDER 24 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Marshfield Mo.	
12. CITIZEN OF WHAT COUNTRY U. S. A.					

13a. FATHER'S NAME Shelby Lane		13b. MOTHER'S MAIDEN NAME Dorothy Mashburn		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)		16. SOCIAL SECURITY NO.		17. INFORMANT Shelby Lane Address Buffalo Mo	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) glomerulonephritis bilateral		1 mo. +	
DUE TO (b) congenital uetero-renal stenosis		6 mo.	
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) modest hydropneumothorax of left lung, fetal lobulation of right lung, some diffuse pneumonitis, acute, pleural effusion		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.) epilepsy	
20c. TIME OF INJURY Hour 5:30 a.m. p.m.		Month, Day, Year			

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 Buffalo COUNTY Missouri STATE	
21. I attended the deceased from 2-21-63 to 2-22-63 and last saw her alive on 2-21-63 Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) David T. Thomson MD		22b. ADDRESS 600 S. Glenstone		22c. DATE SIGNED 3-25-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-25-1963		23c. NAME OF CEMETERY OR CREMATORY River View	
23d. LOCATION (City, town, or county) Buffalo, Missouri		23e. DATE RECD. BY LOCAL REG. 3-28-63		23f. REGISTRAR'S SIGNATURE Effie S. Melton	
24. FUNERAL DIRECTOR Jones-Cantlon ADDRESS Buffalo Mo					

USE BLACK INK OR TYPEWRITER RIBBON

Permit No. 23, 1963
Held in Plugs Office
on 1 month for registration

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 Jerry J Cantlon

Licensed Embalmer No. 5153

P. O. Address Buffalo, 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.