

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

4218

Registrar's No.

0040121

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

NV FILED 13 64
Henry

1. PLACE OF DEATH

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Windsor

Length of stay in 1b
7 Weeks

c. FULL NAME OF (If NOT a hospital, give location)
HOSPITAL OR
INSTITUTION Windsor Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry

c. CITY OR TOWN Windsor

d. STREET ADDRESS (If outside, give location)
606 E. Florence St.

3. NAME OF DECEASED

First Ona

Middle B.

Last Lane

4. DATE OF DEATH

Month November Day 8, Year 1964

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
12-28-1887

9. AGE (last birthday)
76

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)
School teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Near Nob Noster, Mo. U. S. A.

13a. FATHER'S NAME

William C. Chalfant

13b. MOTHER'S MAIDEN NAME

Meda B. Ramey

14. NAME OF HUSBAND OR WIFE

Virgil L. Lane

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.
(none)

17. INFORMANT
606 E. Florence St.
Virgil L. Lane Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH CAUSED BY:
IMMEDIATE CAUSE

Cardiovascular Collapse - Terminal 48 hrs.
Atherosclerotic Heart Disease & Dehydration 2 wks.
Atherosclerotic Arteries & Lower Extremities 5 wks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Severe Surgical Wounds (Left)

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 Sept. 21-64 to Nov. 8-64 and last saw her alive on 11-8-64
Death occurred at 8:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Clifford Gouge M.D.

22b. ADDRESS Windsor, Mo. 22c. DATE SIGNED 11/9/64

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
11-10-1964

23c. NAME OF CEMETERY OR CREMATORY
Knob Noster Cemetery

23d. LOCATION (City, town, or county) (State)
Knob Noster, Missouri

24. FUNERAL DIRECTOR ADDRESS
Clifford Gouge Windsor, Mo.

25. DATE RECD. BY LOCAL REG.
Nov. 12, 1964

26. REGISTRAR'S SIGNATURE
Mildred Bigum

NOV 18 1964

NOV 18 1964

NOV 18 1964

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 Clifford Luge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.