

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

932

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 12

422
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Brownington, Osage Co.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile So. Rural</u>	

3. NAME OF DECEASED (Type or Print) <u>Generic</u>	a. (First)	b. (Middle)	c. (Last) <u>LANE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 8 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 25-1890</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Month <u>11</u> Day <u>13</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Warsaw, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas M. Keown</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ANN JONES</u>	14. NAME OF HUSBAND OR WIFE <u>W^m Henry LANE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>W^m Henry Lane, Brownington</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>490X</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-1, 1950, to 1/8, 1950, that I last saw the deceased alive on 1/8, 1950, and that death occurred at 9:45 am., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>A. J. Powell, M.D.</u>	23b. ADDRESS <u>Clinton Mo.</u>	23c. DATE SIGNED <u>1/9/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan-11-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan-9-50</u>	REGISTRAR'S SIGNATURE <u>Florence Cedar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Sec... ..</u>	ADDRESS <u>Clinton Mo.</u>
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JAN 27 1950

RECEIVED

District Health Officer No. 71

District File Number 1249-1584

Date Filed 1-16-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Fred E. ...*

Signed
Student Embalmer

Licensed Embalmer No. 4340

P. O. Address *Chattanooga*

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 this body is not embalmed, fact should be so stated above.