

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4503

State File No.

FILED MAR 5 1956

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 119

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 OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>		c. CITY OR TOWN <u>Clinton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Convalescent Home</u>				e. STREET ADDRESS (If rural, give location) <u>Clinton Convalescent Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>			b. (Middle) <u>Morris</u>		c. (Last) <u>Lane III</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Sept. 21, 1885</u>		9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>6</u> IF UNDER 24 HRS: Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Morris Lane</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Lindsey</u>			14. NAME OF HUSBAND OR WIFE <u>Daisy Lane (Deceased)</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>		16. SOCIAL SECURITY NO. <u>518-12-6774</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mark Wilson</u>				ADDRESS <u>Clinton, Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>				<u>4 years</u>	
				DUE TO (c) <u>Hemiplegia, right due to Cerebral aneurysm</u>				<u>3 1/2 years</u>	
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>No</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>July 1946</u> , to <u>Feb 27, 1956</u> , that I last saw the deceased alive on <u>Feb 25, 1956</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>S. B. Hughes M.D.</u>				23b. ADDRESS <u>Clinton, Mo</u>				23c. DATE SIGNED <u>2/25/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 29, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englemood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-28-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.E. Consalus Clinton, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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 *Eugene R. Conacher*.....

Licensed Embalmer No. *468*

P. O. Address *Clinton, N.Y.*

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.