

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 20 1960

=60-000163

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bollinger			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bollinger			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		Length of stay in lb 1 wk.	c. CITY OR TOWN Lutesville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 mi. so. Lutesville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDGAR Middle A. Last LANE			4. DATE OF DEATH Month Jan. Day 5 Year 1960			
5. SEX M	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 10-14-80	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Barnard, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Nathan B. Lane		13b. MOTHER'S MAIDEN NAME Elizabeth Brown		14. NAME OF HUSBAND OR WIFE none		
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. no	17. INFORMANT Terrence Montgomery Lutesville Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure DUE TO (b) Myocardial infarction DUE TO Arteriosclerotic & hypertensive Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) Atrial fibrillation (2) Cerebral Thrombosis 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						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE		
21. I attended the deceased from Jan. 1, 1960 to Jan. 4, 1960 and last saw him alive on Jan. 4, 1960 Death occurred at 2:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE W. J. Freitas, D.O. (Degree or title)			22b. ADDRESS Marble Hill Missouri		22c. DATE SIGNED 1-5-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
burial	1-8-60	Bollinger Co., Mem		Lutesville, Mo		
24. FUNERAL DIRECTOR Gene Ward Lutesville, Mo ADDRESS _____		25. DATE RECD. BY LOCAL REG. 1-14-60	26. REGISTRAR'S SIGNATURE Mrs. Buford Crader.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Hermett Liley Student Embalmer No. 579

working under my personal supervision.

Student Hermett Liley
Signature of Student Embalmer

Signed R. O. Laid

Licensed Embalmer No. 4538

P.O. Address Jackson, 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.