

No. 300  
10. 48

P. FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26092

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 219

1. PLACE OF DEATH  
 a. COUNTY Boone  
 b. CITY (If outside corporate limits, write RURAL and give OR OR TOWN) Columbia ( ) township)  
 c. LENGTH OF STAY (in this place) 2 Days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).  
 a. STATE Missouri b. COUNTY Boone  
 c. CITY (If outside corporate limits, write RURAL and give township) Columbia  
 d. STREET ADDRESS (If rural, give location) 631 N. Fourth St.

3. NAME OF DECEASED  
 (Type or Print)  
 a. (First) JOHN b. (Middle) HOBART c. (Last) LANE

4. DATE OF DEATH (Month) (Day) (Year)  
August 25, 1949

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH Sept. 17, 1899

9. AGE (In years last birthday) 49  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Section Foreman for M. & T. Railroad

10b. KIND OF BUSINESS OR INDUSTRY DUSTRY

11. BIRTHPLACE (State or foreign country) St. Claire, County, Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Leander Lane

13b. MOTHER'S MAIDEN NAME Letha Cooper

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes  
 (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME Roy Lane ADDRESS 631 N. Fourth St., Columbia, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia  
 ANTECEDENT CAUSES Chronic Glomerulonephritis  
 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: Hypertensive heart disease with failure  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 mo.  
many years  
50-60 years

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 8-23, 1949 to 8-25, 1949, that I last saw the deceased alive on 8-24, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roland P. Ladunov M.D.

23b. ADDRESS 16 N. 10th St.

23c. DATE SIGNED 8-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Aug. 27, 1949

24c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery

24d. LOCATION (City, town, or county) (State) Beaman, Missouri.

DATE REC'D BY LOCAL REG. Aug 27 49

REGISTRAR'S SIGNATURE Mrs R E Palmer

25. FUNERAL DIRECTOR'S SIGNATURE 31 Parker Funeral Service, Columbia, Mo ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 1949

RECEIVED AUG 30 1949  
District Health Officer No. 9,  
District File Number

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 \_\_\_\_\_  
Student Embalmer

Signed Chas. L. Waring

Licensed Embalmer No. 4132

P. O. Address Columbia, Pa.

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.