

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28610

State File No.

AUG 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>78</u>		
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u> <u>0891</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>423 West Main St.</u> <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u>		b. (Middle) _____		c. (Last) <u>BANE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 13, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>March 24, 1861</u>		9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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 <u>Household duties</u>		11. BIRTHPLACE (State or foreign country) <u>Lexington, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Milton F. Royle</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Shotwell</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Bane</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Shotwell, Richmond, 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>Bronchopneumonia</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>ⓐ Intracapsular fracture right hip</u> <u>ⓑ fracture surgical neck right humerus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>22 days</u>	
19a. DATE OF OPERATION <u>7/30/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intracapsular fracture neck of right femur 089</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richmond Ray Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 22 52</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from porch</u>				
22. I hereby certify that I attended the deceased from <u>8/6</u> , 19 <u>52</u> , to <u>8/12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/12</u> , 19 <u>52</u> , and that death occurred at <u>3:00</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>M. L. Maaterson, MD</u> (Degree or title)				23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>8/13/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macpelah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8/20/52</u>		REGISTRAR'S SIGNATURE <u>Wm. Eastman</u> <u>156-C</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thurman Funeral Home</u> <u>Richmond, Mo.</u>				

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

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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, Wm L. Thurman

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.