

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029780

FILED VS. SEP 11 1959 209

Primary Registration District No. 3043

Registrar's No. 266

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY MARIAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Length of stay in 1b 2 wks	c. CITY OR TOWN LA GRANGE
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) No street Address

3. NAME OF DECEASED (Type or print) MARtha Elizabeth De JANEs			4. DATE OF DEATH Month August Day 24 Year 1959			
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kahokz, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Henry David Cline	13b. MOTHER'S MAIDEN NAME Frances Lee Niles	14. NAME OF HUSBAND OR WIFE Robert DeJanes
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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. None	17. INFORMANT MARY Sanderson LaGrange, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Terminal bronchial pneumonia		2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Comminuted intertrochanteric fracture right femur	14 days
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell at home
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20c. TIME OF INJURY Hour 8 Month 10 Day 59 Year a.m. p.m.	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.) at home	20f. CITY, TOWN, OR LOCATION LaGrange, Missouri	COUNTY	STATE
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21. I attended the deceased from 8/10/59 to 8/21/59 and last saw her/him alive on 8/21/59 Death occurred at 4:55 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.	22b. ADDRESS 100 N. 6th, Hannibal, Mo.	22c. DATE SIGNED 8/27/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 27, 1959	23c. NAME OF CEMETERY OR CREMATORY LaGrange Memorial	23d. LOCATION (City, town, or county) (State) LaGrange, Mo.
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24. FUNERAL DIRECTOR Kenneth Bailey LaGrange, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 9/3/59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed J. Kenneth Buel

Licensed Embalmer No. 4248

P. O. Address La Grange, V

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.