S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27171

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 616

39
0
0

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: ~~Springfield~~ Rural S. Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ozark Osteopathic Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 34

(a) State: Missouri (b) County: Douglas 3

(c) City or town: Ava, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Doyle Lakey

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Opal Lakey

6. (c) Age of husband or wife if alive: 15 years

7. Birth date of deceased: August (Month) 7 (Day) 1916 (Year)

8. AGE:

Years	Months	Days	If less than one day
26	0	12	..... hr. ..... min.

9. Birthplace: Douglas County (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation: Timber Labor

11. Industry or business: .....

FATHER
12. Name: John Thomas Lakey
13. Birthplace: Douglas Co. (City, town, or county) ~~Mo.~~ Mo (State or foreign country) O

MOTHER
14. Maiden name: Pearl Breadlove
15. Birthplace: Unknown (City, town, or county) Ark. (State or foreign country) /

16. (a) Informant: J. T. Lakey
(b) Address: Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Arden

18. (a) Signature of funeral director: Clinkingbeard Funeral Home
(b) Address: Ava, Missouri

19. (a) 8-21-42 (Date received local registrar) (b) D. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 19 year: 1942 hour: 9 minute: 30 P. M.

21. I hereby certify that I attended the deceased from ~~8-15~~ Aug 15, 1942 to Aug. 16, 1942 that I last saw him alive on Aug 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the rectum	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: Harry R. Agnew (M. D. or other) D.O.
Address: 2100 S. Holland Springfield Date signed: 8-21-42

984 (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....W B Hutchison.....

Licensed Embalmer No.....3431.....

P. O. Address.....Gra 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.