

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8580
1012

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Taylor			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackton		13	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3344 Baltimore				d. STREET ADDRESS (If rural, give location) 2			
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence Raymond		b. (Middle) Fake		c. (Last) Fake		4. DATE OF DEATH (Month) (Day) (Year) 3 2 49	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced		8. DATE OF BIRTH June 9, 1904	
9. AGE (In years last birthday) 44		10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Telegrapher		10b. KIND OF BUSINESS OR INDUSTRY R.R.		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME HIRSH		13b. MOTHER'S MAIDEN NAME Jennie Ohstead		14. NAME OF HUSBAND OR WIFE Pauline Fake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jennie Fake: Blackton, Iowa			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral artery rupture, acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Alcoholism DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 322-5				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner				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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 11-11-49, and that death occurred at 10:55 A.M., from the causes and on the date stated above.							
23a. SIGNATURE A.E. Upsher		(Deputy Registrar)		23b. ADDRESS 2800 Main		23c. DATE SIGNED 3/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-4-49		24c. NAME OF CEMETERY OR CREMATORY Rose Hill		24d. LOCATION (City, town, or county) (State) Blackton, Iowa	
DATE REC'D BY LOCAL REG. 3-4-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B.E. Walcutt: 6900 Tread Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

Blaine E. Weir

Signed _____

Student Embalmer

Licensed Embalmer No. *4075*

P. O. Address *K.C., 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.