

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18380

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6200 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MORRISTOWN</u>	c. LENGTH OF STAY (in this place) <u>15 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Morristsown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gladys</u> b. (Middle) <u>KATHARINE</u> c. (Last) <u>LAKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1949</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED: NEVER MARRIED, WIDOWED: DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>APRIL 23 1898</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____
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 _____	11. BIRTHPLACE (State or foreign country) <u>Iowa - 1</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>Charles Remele</u>	13b. MOTHER'S MAIDEN NAME <u>MARY CARGO</u>	14. NAME OF HUSBAND OR WIFE <u>HERBERT Lake</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>Herbert Lake, R.R. Mtn Grove 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u>		<u>15 years</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>4/16X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 1939, to May 11, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Garnett Long, M.D.</u>	23b. ADDRESS <u>Cabool Mo</u>	23c. DATE SIGNED <u>May 13/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u>
24d. LOCATION (City, town, or county) (State) <u>Mtn Grove Wright Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-13-49</u>	REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Garland V. Elliott Cabool mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

103

RECEIVED

5/17/49

District Health Officer No. 5,

District File Number 649387

Date Filed 6/2/49

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 Gaylord V Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.