

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19115

State File No.

FILED JUN 17 1949

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No.

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union		c. LENGTH OF STAY (in this place) 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) M.			c. (Last) Lakebrink			4. DATE OF DEATH (Month) (Day) (Year) June 4, 1949				
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 15, 1891		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 4 Days 19		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Gildehaus, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Henry Lakebrink			13b. MOTHER'S MAIDEN NAME Anna Patke			14. NAME OF HUSBAND OR WIFE Amanda Lakebrink		
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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. 486-16-4440		17. INFORMANT'S SIGNATURE OR NAME Amanda Lakebrink		ADDRESS Union	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 8 M.O	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Arterio Sclerotic Cardiovascular Disease rise to the above cause (a) stating the underlying cause last.						6 yrs	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4301	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 <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 10-2, 1948, to 6-4, 1949, that I last saw the deceased alive on 6-2, 1949, and that death occurred at 11:30 P.M. From the causes and on the date stated above.

23a. SIGNATURE B. H. Stuhlman		(Degree or title) M.D.		23b. ADDRESS Union, Mo		23c. DATE SIGNED 6-7-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 8		24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception		24d. LOCATION (City, town, or county) (State) Union, Missouri	
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DATE REC'D BY LOCAL REG. June 7, 1949		REGISTRAR'S SIGNATURE E. F. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE Edna Cooper		ADDRESS Union Funeral Home Union	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 92
District File Number
Date Filed JUN 16 1949

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

M. W. Williams

Licensed Embalmer No. 4511

P. O. Address Washington, Miss

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.