

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29344

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1020

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>12 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u> <u>13</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hospital #2</u>		d. STREET ADDRESS (If rural, give location) <u>R. 7 D</u> <u>6</u>	

3. NAME OF DECEASED (Type or Print) <u>Georgia</u>	a. (First)	b. (Middle)	c. (Last) <u>Lakouff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>May 28 1906</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Peter Lakouff</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Kelley</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Peter Lakouff</u>	ADDRESS <u>Cameron MO. R7D</u>
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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, asthma, 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>Lobar Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Alleged phrenia</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>490X</u>	

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Sept 8, 1949, to Sept 20, 1949, that I last saw the deceased alive on Sept 20, 1949, and that death occurred at 8:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James Thomas M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Joseph Mo. 9. State Hosp. # 2</u>	23c. DATE SIGNED <u>9/20-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept. 22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CLARK'S DALE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CLARK'S DALE MO.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 21, 1949</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> <u>382</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. J. CRUNK</u>	ADDRESS <u>Cameron MO.</u>
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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..... *LeRoy M. Brunk* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2533* .....

P. O. Address *Cameron 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.