

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36461

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1288

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buch.	
b. CITY (If outside corporate limits, write BURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write BURAL and give township) St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ayr lawn Add., R. R. # 5		d. STREET ADDRESS (If rural, give location) Ayr lawn Add., R. R. # 5	
3. NAME OF DECEASED (Type or Print) a. (First) Rachel b. (Middle) R. c. (Last) Lake			4. DATE OF DEATH Nov. 16, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1910
9. AGE (In years last birthday) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	11. BIRTHPLACE (State or foreign country) Andrew County, Missouri
10b. KIND OF BUSINESS OR INDUSTRY ---		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Randall		13b. MOTHER'S MAIDEN NAME Elizabeth Flint	14. NAME OF HUSBAND OR WIFE Harry Lake
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. None	17. INFORMANT'S SIGNATURE AND NAME ADDRESS Harry Lake—R.R.#5, St. Joseph, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> <u>not sure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>myocarditis chronic</u> <u>not sure</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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? <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Nov 14, 1949</u> , to <u>Nov 16, 1949</u> , that I last saw the deceased alive on <u>Nov 16, 1949</u> , and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Collis Roundy M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>11-18-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Nov. 28, 1949</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Stamey Funeral Home—St. Joseph, Mo.</u>	

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

Charles M. Harman

Signed.....

Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.