

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37803

State File No.

No. 300
10.48

FILED DEC 7 1949

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 96

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Higginsville</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Higginsville Mo 50</u> d. STREET ADDRESS (If rural, give location) <u>301 Mann Street</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Maurice</u> b. (Middle) <u>✓</u> c. (Last) <u>Lake</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 24-1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>Mar. 4-1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) _____ <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) _____ <u>Cumberland, Md.</u>	12. CITIZEN OF WHAT COUNTRY? _____ <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. K. Barger</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Rizer</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Hoppembine</u>	ADDRESS <u>Higginsville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic tubular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5722</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs. Mo</u> <u>may years</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 Jan 1945, to Nov 24, 1949, that I last saw the deceased alive on Nov 24, 1949, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Hoppembine</u> (Degree or title) _____	23b. ADDRESS <u>Higginsville Mo</u>	23c. DATE SIGNED <u>11-24-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____ <u>Burial</u>	24b. DATE <u>Nov. 27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higginsville</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 2-1949</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	<u>154</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Meiners</u>	ADDRESS <u>Higginsville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 6
District Health Officer No. 8,

District File Number.....

Date Filed 12-6-49.....

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.

Signed.....

Ray Wiegman

Signed.....

Student Embalmer

Licensed Embalmer No. 2883

P. O. Address Higginsville 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.