

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9370

State File No.

FILED MAR 13 1950

BIRTH NO. 0499 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tanyard Hollow Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tanyard Hollow Joplin, Mo.	
c. LENGTH OF STAY (In this place) 70 yrs		d. STREET ADDRESS (If rural, give location) RFD 0499 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print) a. (First) Albert	b. (Middle) Bert	c. (Last) Lake	4. DATE OF DEATH (Month) (Day) (Year) Jan 27, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 11, 1879	9. AGE (In years last birthday) 70	10. F UNDER 1 YEAR Months 4	11. F UNDER 1 YEAR Days 16	12. F UNDER 1 YEAR Hours	13. F UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ground Foreman	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Joplin, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Lake	13b. MOTHER'S MAIDEN NAME Mary Tanner	14. NAME OF HUSBAND OR WIFE Emma Lake
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Lake, RFD Joplin, Mo.
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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, asthenia, 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) Cor Pulmonale		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis DUE TO (c) Tuberculosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION	

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)	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 Oct 10, 1949 to 1-27, 1950, that I last saw the deceased alive on 1-27, 1949, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE Charles S. Davis M.D. (Degree or title)	23b. ADDRESS Galena, Kans.	23c. DATE SIGNED 1-30-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 30, 1950	24c. NAME OF CEMETERY OR CREMATORY Osborn Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. 2-2-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

Where was family notified?
City or Rural?
By R. what day?

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

RECEIVED 2-14-50
Jasper County Health Office

County File Number 50-1-97

Date Filed 3-11-50

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.