

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9919**

FILED MAR 27 1950

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5983** Registrar's No. **26**

0862

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

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, R2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, R2, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION (rural)		d. STREET ADDRESS U	

3. NAME OF DECEASED (Type or Print) Rubey	a. (First) _____ b. (Middle) _____ c. (Last) Lakey	4. DATE OF DEATH (Month) (Day) (Year) March 16, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 14, 1889	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR 5 Months 2 Days	IF UNDER 4 HRS. _____ Hours _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Douglas County, Mo. D	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Solomon Lakey	13b. MOTHER'S MAIDEN NAME Isabelle Carter	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alvinna Vogt	ADDRESS Waynesville R2, 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 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Pulmonary Tuberculosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) (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 **3-6-**, 1950, to **3-6-**, 1950, that I last saw the deceased alive on **3-6-**, 1950, and that death occurred at **2:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE C. Miller M.D. D	(Degree or title)	23b. ADDRESS Waynesville, Mo.	23c. DATE SIGNED 3-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/18/50	24c. NAME OF CEMETERY OR CREMATORY Gospel Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Waynesville, Missouri
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DATE REC'D BY LOCAL REG. 3-21-50	REGISTRAR'S SIGNATURE Thelma C. Buckthorp	389	25. FUNERAL DIRECTOR'S SIGNATURE Walter F. Nedges	ADDRESS Berber, Mo.
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RECEIVED 3/20/50
Pulaski County Health Officer.

File Number

26

Date Filed

3/21/50

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

Walter P. Nedges

Licensed Embalmer No. 4265

P. O. Address W Iberia, Missouri

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.