

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12017

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 461

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) 828 S. 10th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 828 S. 10th Street		d. STREET ADDRESS (If rural, give location) 828 S. 10th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Gertrude b. (Middle) * * * * c. (Last) Lake			4. DATE OF DEATH (Month) (Day) (Year) April 8, 1950.		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH August 20, 1890		9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Craig, Missouri.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Howell Caton		13b. MOTHER'S MAIDEN NAME Hester Wilson		14. NAME OF HUSBAND OR WIFE Charles 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 OR NAME Mrs. John W. Gibson	
				ADDRESS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) peritonitis				
		DUE TO (c) Intestinal obstruction				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Hypertension	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cancer of Colon (Supp. report)				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 1945, 19, to 4-8-1950, that I last saw the deceased alive on 4-8-1950, and that death occurred at 9:37A m., from the causes and on the date stated above.

23a. SIGNATURE E. Handley M. D.		23b. ADDRESS 311 Physician & Surgeons Bldg., St. Joseph, Mo.		23c. DATE SIGNED 4-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 11, 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	

DATE REC'D. BY LOCAL REG. April 18, 1950		REGISTRAR'S SIGNATURE E. B. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhopper		ADDRESS 1946 Colhoun St. St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

096 92 Hdy

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. C **** ****

working under my personal supervision.

Student *****
Student Embalmer

Signed Raymond A. Morche

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.