

FILED SEP 14 1950

REG. DIST. NO. 296

PRIMARY REG. DIST. NO. 6017

Registrar's No.

27903

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Camden Twn.</u>		c. LENGTH OF STAY (in this place) <u>58 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Camden Township</u>		0890
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles southwest of Richmond</u>			d. STREET ADDRESS (If rural, give location) <u>7 miles Southwest Richmond</u>		
3. NAME OF DECEASED (Type or Print) <u>Emmet</u>			a. (First)	b. (Middle)	c. (Last) <u>Lauck</u>
4. DATE OF DEATH <u>July 27, 1950</u>			(Month)	(Day)	(Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 21, 1891</u>	9. AGE (in years last birthday) <u>58</u>	IF UNDER 1 YEAR Hours <u>0</u> Days <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Wellington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Isaac Lauck</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Barnes</u>	14. NAME OF HUSBAND OR WIFE <u>Charline (Sloan) Lauck</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charline Lauck, Camden, Mo.</u>		
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 Occlusion</u>				INTERNAL 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) <u>" "</u>				
	DUE TO (c) <u>" "</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201
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) (Min.)		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 <u>7-27-1950</u> to <u>7-27-1950</u> that I last saw the deceased alive on <u>7-27-1950</u> , and that death occurred at <u>3:20 PM</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>E. J. Gray</u> (Degree or title)			23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>7/31/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 30, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-1-50</u>	REGISTRAR'S SIGNATURE <u>Helene J. Larkin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Que St. Life Funeral Home</u>	ADDRESS <u>Richmond, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

Licensed Embalmer No. 4466

P. O. Address. *Union, Miss.*

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.