

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29381

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5106 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Township</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Township</u> <u>0080</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>John</u>	a. (First)	b. (Middle) <u>None</u>	c. (Last) <u>Lackman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17th 1950</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>	8. DATE OF BIRTH <u>June 29th 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Henry Lackman</u>	13b. MOTHER'S MAIDEN NAME <u>Schroeder</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Lackman</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Lackman</u>	ADDRESS <u>Cole Camp Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>5 yrs</u> <u>4 1/20</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Senility</u>		
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 next, 19 , to next, 19 ; that I last saw the deceased alive on , 19 , and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Emmanuel M. (Coroner's Physician)</u> (Degree or title)	23b. ADDRESS <u>Warsaw, Mo</u>	23c. DATE SIGNED <u>9-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 19, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hulda</u>	24d. LOCATION (City, town, or county) (State) <u>Cole Camp Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept 18, 1950</u>	REGISTRAR'S SIGNATURE <u>E. L. Eichhoff</u> <u>394</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Eichhoff</u> ADDRESS <u>Cole Camp Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 9-21-50
DISTRICT HEALTH OFFICE No. 3
District File Number -----
Date Filed 9-21-50 -----

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.

Signed.....
Student Embalmer

Signed *E. T. Eichhoff* -----

Licensed Embalmer No. 730 -----

P. O. Address Cole Camp 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.