

THE DIVISION OF HEALTH OF MISSOURI
FILED OCT 2 1950 STANDARD CERTIFICATE OF DEATH

State File No. 29837
3

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 4562 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole 1260	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Nearer St. Thomas, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centertown 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Nearer St. Thomas, Mo.		d. STREET ADDRESS (If rural, give location) Centertown	
3. NAME OF DECEASED (Type or Print) Joseph D. Hake a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Sept 27 1950 (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 20 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hand Carriev</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Hammer Cont</i>	9. AGE (In years last birthday) 47 9 7 Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) St. Elizabeth, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ben Hake		13b. MOTHER'S MAIDEN NAME Laura Lampe	14. NAME OF HUSBAND OR WIFE Leona J. Hake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 490-09-8544	
17. INFORMANT'S SIGNATURE OR NAME <i>Leona J. Hake</i>		ADDRESS Centertown Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Hemorrhage ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skull fracture DUE TO (c) Automobile accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Grace was crushed in. Left arm torn off at elbow</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cole Co at B.	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Orange Township Cole Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 27-50 6:50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Auto collided with a truck			
22. I hereby certify that I attended the deceased from <i>death, 107 hours previous</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:50 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>L. Leslie M.D. Cooner</i> (Degree or title)		23b. ADDRESS <i>Jefferson City Mo</i>	
23c. DATE SIGNED <i>9-29-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Reburial</i>		24b. DATE <i>Sept 30 1950</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Meta Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Meta Mo</i>	
DATE REC'D BY LOCAL REG. <i>Sept 29-1950</i>		REGISTRAR'S SIGNATURE <i>R.P. Darrin MD-MO</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Victor Busch</i>		ADDRESS <i>Jefferson City Mo</i>	

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

260
9

MAR 16 1951

RECEIVED 9-30
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-30-50

APR 21 1953

MAR 16 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Victor Buesch*

Signed
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address *Jefferson City, 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.