

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33156**

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>2437</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL or TOWN <u>Sullivan, Mo.</u>)		c. LENGTH OF STAY (In this place) <u>3 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald, Missouri Lyon Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Millers Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>036</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u> b. (Middle) <u>FRANK</u> c. (Last) <u>LAAKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 22, 1884</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Printing office</u>		11. BIRTHPLACE (State or foreign country) <u>Gerald, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry H. Laaker</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Kemper</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>			
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>Charles Pison, Gerald, Missouri</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 thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>years</u> <u>332X</u>	
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) _____		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>Sept</u> , 19 <u>50</u> , to <u>Oct 29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 29</u> , 19 <u>50</u> , and that death occurred at <u>11:29</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Practator, M.D.</u>				23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>11-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stone Church Cemetery</u>		24d. LOCATION (City, town, or county) <u>Gerald, Missouri</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>11-1-50</u>		REGISTRAR'S SIGNATURE <u>C. H. Practator</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest L. Ottman</u> ADDRESS <u>Gerald, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

60
0.48

RECEIVED

NOV - 7 1950

DISTRICT HEALTH OFFICE No. 4

File No.

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 _____



Signed _____

Student Embalmer

Licensed Embalmer No. 4058

P. O. Address Gerald, 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.