

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 7428  
7428

FILED MAR 27 1951

BIRTH NO.		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 7428	
1. PLACE OF DEATH a. COUNTY <u>Andrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Andrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		0043	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrain County Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1414 South Cole</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHAMP</u>			b. (Middle) <u>CLARK</u>		c. (Last) <u>LAKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21-1951</u>
5. SEX <u>D</u>	6. COLOR OR RACE <u>MALE WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC 14-1890</u>	9. AGE (In years last birthday) <u>60</u>	10. MONTHS <u>60</u>	11. DAYS <u>60</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>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JIM LAKE</u>			13b. MOTHER'S MAIDEN NAME <u>ELLA ADAMS</u>		14. NAME OF HUSBAND OR WIFE <u>Mr ARCHER LAKE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		(If yes, give war or dates of service) <u>WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>49-05-5870</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Champ Lake</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				332X	
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>					
		DUE TO (c) <u>—</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>Mar 14, 1951</u> , to <u>Mar 21, 1951</u> , that I last saw the deceased alive on <u>Mar 21, 1951</u> , and that death occurred at <u>3:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest S. Gantt</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mexico, Mo</u>	
23c. DATE SIGNED <u>3-22-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LADDONIA</u>	
24d. LOCATION (City, town, or county) (State) <u>LADDONIA, MO</u>		DATE REC'D BY LOCAL REG. <u>Mar 23-1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Small Jr.</u>	
				ADDRESS <u>Mexico MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 26 1951

MAR 27 1951

MAR 27 1951

Date Received: MAR 24 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-51-5  
Date Filed: MAR 24 1951

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.....  
Student Embalmer

Signed Charles V. Greening

Licensed Embalmer No. 4925

P. O. Address Meriden Conn

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.