

JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20240**
Registrar's No. **12**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Deepwater Prop	
		d. STREET ADDRESS (If rural, give location) Deepwater Prop	
3. NAME OF DECEASED a. (First) Frank b. (Middle) John c. (Last) Hake			4. DATE OF DEATH (Month) (Day) (Year) 6-8-1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8-26-1897
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. COUNTRY OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Anton Hake		13b. MOTHER'S MAIDEN NAME Mary Halwei	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lawrence Hake Montross ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRONTAL GLIOMASTOMA MULTIFORM INTERVAL BETWEEN ONSET AND DEATH 8 MO. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 18 OCT, 1951		19b. MAJOR FINDINGS OF OPERATION BRAIN TUMOR - MALIGNANT	
19c. 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 FEB , 1952, to 8 JUNE , 1952, that I last saw the deceased alive on 8 JUNE , 1952, and that death occurred at 11:30 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Hugh B. Walker, MD		23b. ADDRESS Clinton, Mo.	
23c. DATE SIGNED 9 June 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-10-1952	
24c. NAME OF CEMETERY OR CREMATORY Summerview Cem.		24d. LOCATION (City, town, or county) (State) Henry Co. Mo.	
DATE REC'D BY LOCAL REG. June-10-52		REGISTRAR'S SIGNATURE Florence Adair Sickman-Dunning	
25. FUNERAL DIRECTOR'S SIGNATURE Florence Adair Sickman-Dunning		ADDRESS Clinton Mo.	

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 Robert L. Dunning

Licensed Embalmer No. H 710.

P. O. Address Clinton

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.