

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24533

State File No.

2987

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1082 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>80 Dys.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4003 St. John</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>REPUBLIC</u> <u>0396</u> d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>		
3. NAME OF DECEASED (Type or Print) <u>BRUCE</u> a. (First) b. (Middle) c. (Last) <u>LAKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 21, 1878</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months Days IF UNDER 12 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Fredrick W. LAKER</u> 13b. MOTHER'S MAIDEN NAME <u>Medora Kite</u> 14. NAME OF HUSBAND OR WIFE <u>Emma Laker</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Laker</u> ADDRESS <u>Republic, Mo</u>	
MEDICAL CERTIFICATION					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES <u>Anasarca</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>2 years</u> <u>4341</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>May 26, 1952</u> , to <u>July 1, 1952</u> , that I last saw the deceased alive on <u>June 21, 1952</u> , and that death occurred at <u>10:25 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>G. W. Springer</u> (Degree or title) <u>D.O.</u> <u>G. W. Springer</u>			23b. ADDRESS <u>5902 St. John Ave.</u> <u>Kansas City, Mo.</u>		
23c. DATE SIGNED <u>7-1-52</u>			24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		
24b. DATE <u>8/3/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-1-52</u>		REGISTRAR'S SIGNATURE <u>Leraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fassel</u> ADDRESS <u>Republic, Mo</u>	

EX-100 1954

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

John M. Nabb

Licensed Embalmer No. 4636

P. O. Address Republic, 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.