

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31329

FILED SEP 22 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 836

396
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>SPRINGFIELD MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARSHFIELD MO 1123</u>	
c. LENGTH OF STAY (In this place) <u>7 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHNS HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADELLA</u> b. (Middle) <u>JANE</u> c. (Last) <u>LAKEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 12 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 18 1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>AVA MO</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>BILL SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>MANDIE CHILDERS</u>		14. NAME OF HUSBAND OR WIFE <u>JULIAN LAKEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>OLIVE MYERS</u> ADDRESS <u>MARSHFIELD MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lungs with</u>		ANTECEDENT CAUSES			<u>5 MONTHS</u>
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Lung and Spine Metastasis</u>			
		DUE TO (c) <u>Malnutrition</u>			<u>5 MONTHS</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Decubitus Ulcer, Sacral</u>			<u>2 MO.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: <u>1561</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) (m.) <u>None</u>		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 JULY 22, 1952 to SEPT 12, 1952; that I last saw the deceased alive on SEP 12, 1952, and that death occurred at 9:20A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William J. Barber, M.D.</u>		23b. ADDRESS <u>609 Cherry, Springfield MO</u>		23c. DATE SIGNED <u>9/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>	
24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber</u> ADDRESS <u>BARBER-BARTO MARSHFIELD MO</u>		DATE REC'D BY LOCAL REG. <u>9-15-52</u> REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	

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 _____

W. T. Barber

Licensed Embalmer No. _____

3848

P. O. Address _____

Mt. Home

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.