

FILED APR 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9341**

BIRTH NO. 21017 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 67

0362

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>	
c. LENGTH OF STAY (If in this place) <u>1 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>McArthur St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Lameka</u> c. (Last) <u>Lameka</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>April 9, 1953</u>		9. AGE (In years last birthday) <u>0</u>		10. AGE (In months) <u>0</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Eugene Lameka</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Lois Parrell</u>		15. NAME OF HUSBAND OR WIFE <u>None</u>		16. NAME OF BUSINESS OR INDUSTRY <u>None</u>	
17. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		18. KIND OF BUSINESS OR INDUSTRY <u>None</u>		19. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Lameka</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-respiratory failure</u>		DUE TO (b) <u>Pneumonia (5 mo. duration)</u>		<u>12 hr.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

22. I hereby certify that I attended the deceased from 4/7, 1952, to 4/8, 1953, that I last saw the deceased alive on 4/7, 1953, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Michael J. Hyslop, M.D.</u> (Degree or title)		23b. ADDRESS <u>Washington, Mo.</u>		23c. DATE SIGNED <u>4/8/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Union, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Terhune</u>		24f. ADDRESS <u>Union General Home, Union</u>	
DATE REC'D BY LOCAL REG. <u>April 8, 1953</u>		REGISTRAR'S SIGNATURE <u>J.P. Terhune</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Terhune</u>	

*Child was not embalmed*

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 *Harlan Johansen*

Licensed Embalmer No. *4488*

P. O. Address *Union, 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.