

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42042**

FILED DEC 21 1953

2060

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5064 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- LeRoy Twsp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- LeRoy Twsp.</u> <u>2060</u>	
c. LENGTH OF STAY (In this place) <u>64 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Liberal RFD #2</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES CHARLES</u> b. (Middle) <u>FRED</u> c. (Last) <u>LAKIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 8 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 10 1882</u>
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>11</u>	11. DAYS <u>28</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>Own farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Uniontown, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>James Lakin</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Daniels</u>	
14. NAME OF HUSBAND OR WIFE <u>Mamie C. Wright</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> <u>XXX</u>		16. SOCIAL SECURITY NO. <u>XXX</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mamie C. Lakin, Liberal, Missouri</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Intestinal Hemorrhage 30 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of Duodenum (Inoperable)</u> <u>2 Mos</u> DUE TO (c) <u>Recurrent Duodenal Ulcers</u> <u>4 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS -- Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Decompensation and Myocardial Infarction</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>152X</u>	
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) (Min.)		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. 2, 1948</u> , to <u>Dec. 8, 1953</u> , that I last saw the deceased alive on <u>Dec. 7, 1953</u> , and that death occurred at <u>8:10a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. H. Kneeland, D.O.</u>		23b. ADDRESS <u>Liberal, MO</u>	
23c. DATE SIGNED <u>12-11-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 11 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barton County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 12, 1953</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home, Lamar, Missouri</u>		ADDRESS	

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.....

Carl J. Kenantz
Licensed Embalmer No. *2247*

P. O. Address *Linnar, 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.