

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 11 1954

BIRTH NO.		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>159</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bates City</u>		6540 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nace Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Market St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>W.</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Laude</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNKNOWN</u>	8. DATE OF BIRTH <u>UNKNOWN</u>		9. AGE (In years last birthday) <u>about 70</u>	IF UNDER 1 YEAR Months Days	IF UNDER 15 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Transient</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		15. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lafayette County Court, Lexington 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <input checked="" type="checkbox"/> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of face and heart?</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331XH</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Warrensburg, Johnson, Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warrensburg, Johnson, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Dec 25, 1953</u> , to <u>Dec 25, 1953</u> , that I last saw the deceased alive on <u>Dec 25, 1953</u> , and that death occurred at <u>10 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>G. H. L... M.D.</u>				23b. ADDRESS <u>Kuab Master, Mo</u>		23c. DATE SIGNED <u>Dec 29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 25, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lexington</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-29-53</u>		REGISTRAR'S SIGNATURE <u>Savannah Carlisle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips, Warrensburg, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FORM 11
JAN 5 1954
MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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.....

Not Embalmed.

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg, 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.