

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5370**

BIRTH NO. **FILED MAR 3 1954** REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3157** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline R. Clark	
c. LENGTH OF STAY (in this place) 60		d. STREET ADDRESS (If rural, give location) 0-5-80	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) OLIVE c. (Last) LAKE			4. DATE OF DEATH (Month) (Day) (Year) 1 30 54		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH June 25/78		9. AGE (In years last birthday) 75		10. MONTHS 7 DAYS 5 HOURS 5 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Atlanta, Mo	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Thomas Thurman		13b. MOTHER'S MAIDEN NAME Lavenia Parr		14. NAME OF HUSBAND OR WIFE Charles Lake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orland Lake Marceline, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concivoma Larynx		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		163X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION enlarged Metastasis		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 **June 1, 1953** to **1-30, 1954**, that I last saw the deceased alive on **1-30, 1954** and that death occurred at **10:00** m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Dr. J. M. ...		23b. ADDRESS Marceline, Mo. 2-2857		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 2/2/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
		24d. LOCATION (City, town, or county) (State) Marceline, Mo			

DATE REC'D BY LOCAL REG. 2-1-54		REGISTRAR'S SIGNATURE Mary Jan Redway		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James M. ... Marceline	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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OCT 18 1957

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 George J. Hammer

Licensed Embalmer No. 4425

P. O. Address 600 E. Santa

Marquette, 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.