FILED AUG 4 - 1954

No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23993

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOUISIANA
c. LENGTH OF STAY (In this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PIKE Co HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: MARION
c. CITY OR TOWN: CARROLLTON
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): CARROLLTON TOWNSHIP

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle):
c. (Last): LAKE

4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Sept 7 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (City and State or Foreign Country): CARROLLTON ILL
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HENRY LAKE
13b. MOTHER'S MAIDEN NAME: HELEN JANSEN
14. NAME OF HUSBAND OR WIFE: Anna M. LAKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR #1
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: HOSPITAL RECORD — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Injuries received in accident. — 43 days

DUE TO (c) Severe laceration of chin, fore-head, right eye brow, internal injuries, contusion of right kidney, fracture acetabulum, right, with detachment of superior ramus of the acetabulum.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ----- E8254 33
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 54
21c. (CITY, TOWN, OR TOWNSHIP): Near Pike Station, (COUNTY) Pike 082, (STATE) Illinois

21d. TIME OF INJURY (Month) 7/30/54 (Day) (Year) (Hour) 12:45 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: automobile accident.

22. *I hereby certify that I attended the deceased from* 7-30, 1954, *to* 8-2, 1954, *that I last saw the deceased alive on* 8-2, 1954, *and that death occurred at* 2:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas H. Lewellen (Degree or title) MD
23b. ADDRESS: Louisiana, Missouri
23c. DATE SIGNED: 8-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: AUG. 2, 1954
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): CARROLLTON, ILLINOIS

DATE REC'D BY LOCAL REG.: 8-2-54
REGISTRAR'S SIGNATURE: Bernice Collier
25. FUNERAL DIRECTOR'S SIGNATURE: MEHLY SON Carrollton — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1954

OCT 23 1957

SEP 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. M. Collin

Licensed Embalmer No. 38.

P. O. Address Lumm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.