

FILED AUG 17 1954

STANDARD CERTIFICATE OF DEATH

26560

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 51

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

1. PLACE OF DEATH a. COUNTY Charlton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Charlton	
b. CITY (If outside corporate limits, write RURAL and give township) Keytesville, Twp. Rural		c. CITY (If outside corporate limits, write RURAL and give township) Keytesville Twp. Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Charlton County Rest Home		d. STREET ADDRESS (If rural, give location) 2-Miles E. of Keytesville	

3. NAME OF DECEASED (Type or Print) a. (First) Lou b. (Middle) ----- c. (Last) Lake			4. DATE OF DEATH (Month) (Day) (Year) Aug. 5th, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH June 1st, 1872		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Farmer Retired			10b. KIND OF BUSINESS OR INDUSTRY Farming		
11. BIRTHPLACE (City and State or Foreign Country) Westville			12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME William Lake		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Never Married	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Leta Gordon Office Keytesville	
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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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours Don't know	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Dec 12, 1952, to Aug 5, 1954, that I last saw the deceased alive on July 27, 1954, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl C. Hege		23b. ADDRESS M. D. 9 Keytesville, Mo		23c. DATE SIGNED 8/7/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 4th, 1954		24c. NAME OF CEMETERY OR CREMATORY County Infirmary	
				24d. LOCATION (City, town, or county) (State) Keytesville, Mo.	

DATE REC'D BY LOCAL REG. 8-8-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [Signature] Keytesville, Mo	
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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

H. D. Gault

Licensed Embalmer No.

3046

P. O. Address

744 Laurel St.

This body was not embalmed

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.