No. 300
10-48

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35933

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4040 Registrar's No. 19

0080

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cole Camp
c. LENGTH OF STAY (in this place) 7 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R F D #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cole Camp
d. STREET ADDRESS (If rural, give location) R F D #2

0080

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Johan c. (Last) Heinreich Lackman

4. DATE OF DEATH (Month) (Day) (Year) Nove 26, 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 2nd 1905
9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months 4 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Lackman
13b. MOTHER'S MAIDEN NAME Maggie Luetjen
14. NAME OF HUSBAND OR WIFE Lily Lackman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Lily Lackman ADDRESS Cole Camp 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fatty deposits in coronary vessels with coronary sparm
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 2 min.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death none 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, 19__, *to* never, 19__, *that I last saw the deceased alive on* never, 19__, *and that death occurred at* 11:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold B. Warkerke (Degree or title) Coroner
23b. ADDRESS Cole Camp Mo
23c. DATE SIGNED 11/28/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 29, 1955
24c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial
24d. LOCATION (City, town, or county) (State) Cole Camp Missouri

DATE REC'D BY LOCAL REG. Nov 28, 1955
REGISTRAR'S SIGNATURE E L Eickhoff 394
25. FUNERAL DIRECTOR'S SIGNATURE E L Eickhoff ADDRESS Cole Camp Mo

(Licensed Embalmer's Statement on Reverse Side)

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 E L Eichhorst

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo

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

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