

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1933

FILED FEB 4 1957

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 53

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>LIVINGSTON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHILICOTHE</u>	a. STATE <u>MISSOURI</u> b. COUNTY <u>DALLIERS</u>	c. CITY OR TOWN <u>LOCK SPRINGS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CHILICOTHE HOSP</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>2 weeks</u>		Residence on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>EWEN</u>	Middle <u>-MONTGOMERY</u>	Last <u>LAKE</u>	Month <u>JAN</u>	Day <u>24</u>	Year <u>1957</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4 SEPT 1867</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Federal Govt.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Breckenridge Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>WILLIAM LAKE</u>			14. MOTHER'S MAIDEN NAME <u>SOPHIA BENNETT</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>N/A</u>	17. INFORMANT Address <u>Mrs E.M. LAKE Locksprings Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u>		<u>3 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Impacted Fracture Left Hip</u>	<u>16 days.</u>
	DUE TO (c) <u>Senility</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? <u>2</u>
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY	Hour <u>a. m.</u>	Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <u>JAN. 17. 57</u> to <u>1-24-57</u> and last saw <u>him</u> alive on <u>1-24-57</u>		
Death occurred at <u>5:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>R. W. Matheny D.O.</u>	22b. ADDRESS <u>Chillicothe, Mo.</u>	22c. DATE SIGNED <u>1/27/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>27 JAN 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lock Springs</u>	23d. LOCATION (City, town, or county) (State) <u>Lock Springs MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Henry C. Johnson Chillicothe, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-57-57</u>	26. REGISTRAR'S SIGNATURE <u>Frances B Neill</u>	

(License - Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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SEP 4 1951

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
Signature of Student Embalmer

Signed *Orris L. Roberson*

Licensed Embalmer No. 32

P. O. Address *one point*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.