

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45401**

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>3056</b>		Registrar's No. <b>306</b>		
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>					
b. CITY OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Macon</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>			No. STREET ADDRESS (If rural, give location) <b>304. West Union</b>					
3. NAME OF DECEASED a. (First) <b>Robert</b> b. (Middle) <b>Edwin</b> c. (Last) <b>Lauck</b>			4. DATE OF DEATH <b>Dec 12, 1957</b>					
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 3, 1888</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>9</b>	IF UNDER 24 HRS. Hours <b>48</b> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>groceryman</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Palmyra, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Charles L. Lauck</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Pratt</b>		14. NAME OF HUSBAND OR WIFE <b>Hallie Wright Lauck</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-38-6057</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Hallie W. Lauck, Macon, Mo.</b> ADDRESS _____				
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Colon</b>  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 <b>48 hours</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <b>153X</b>				
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? _____				
22. I hereby certify that I attended the deceased from <b>Nov 29, 1957</b> , to <b>Dec 12, 1957</b> , that I last saw the deceased alive on <b>Dec 12, 1957</b> , and that death occurred at <b>3:45</b> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____				23b. ADDRESS <b>Moberly Mo.</b>		23c. DATE SIGNED <b>Dec. 17, 57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/14/1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Macon, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>12/14/57</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Macon, Mo.</b>		

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

JAN 6 1958

JAN 17 1958

FEB 3 1958

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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.....  
Signature of Student Embalmer

Signed.....  
*R. Lester Bram*

Licensed Embalmer No. 447

P. O. Address *Waco, Tex.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.