

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000852
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bay
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in 1b 7 days	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print)		First Middle Last	4. DATE OF DEATH
John Henry Lalk			Month Day Year Jan. 24, 1959

5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17, 1889	9. AGE (In years at birthday) 69	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 farming	11. BIRTHPLACE (City and state or country) Hermann, Mo.	12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William Lalk	13b. MOTHER'S MAIDEN NAME Alice Johns	14. NAME OF HUSBAND OR WIFE Rosenia Frederick Lalk
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. 486-16-0508	17. INFORMANT Mrs. Rosenia Lalk
		Address Bay, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) RT. auricular Thrombosis	10 days
	DUE TO (c) Arteriosclerotic heart disease	5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <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 Hermann, Mo.	COUNTY	STATE
21. I attended the deceased from 1-16-59 to 1-24-59 and last saw him alive on 1-24-59 Death occurred at 12 NOON m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Caryl T. Shaw MD	(Degree or title)	22b. ADDRESS Hermann, Mo.	22c. DATE SIGNED 1-26-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-27-1959	23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	23d. LOCATION (City, town, or county) Rosebud, Mo.	(State)
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24. FUNERAL DIRECTOR Melvin H H Wenta	ADDRESS OWEN SUITE 200	25. DATE RECD. BY LOCAL REG. 1/26/59	26. REGISTRAR'S SIGNATURE F. L. Schumann & F. L. Schumann
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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1-57

1950 FEB 8 6961

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William H. H. Williams.....
Licensed Embalmer No. 383.....
P. O. Address OWENSVILLE.....

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.