

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018399

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 83

300
-57

Health,
Welfare
Public
Service

1. PLACE OF DEATH a. COUNTY <i>Macon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Macon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Macon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Macon</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>429 Lamb Ave</i>		Length of stay in 1b <i>10 Days.</i>	d. STREET ADDRESS (If outside, give location) <i>514 Vine</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Sarah</i> Middle <i>Margaret</i> Last <i>Lake</i>			4. DATE OF DEATH Month <i>May</i> Day <i>3</i> Year <i>1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 21, 1880</i>		9. AGE (In years last birthday) <i>79</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>no.</i>	11. BIRTHPLACE (City and state or country) <i>Macon County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Hezekiah Baker</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Hammick</i>		14. NAME OF HUSBAND OR WIFE <i>Dec.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>no.</i>	17. INFORMANT <i>Mrs. Jewell Jones</i> Address <i>Macon, Mo.</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Mitastatic Carcinoma of Lungs</i> DUE TO (b) <i>Primary Carcinoma of Hypopharynx</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i> <i>11 months</i>
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? <i>147X</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Interstate post 10 months</i>	COUNTY _____ STATE _____
21. I attended the deceased from _____ and last saw her alive on <i>May 3</i> Death occurred at <i>4:40 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <i>James E. Campbell</i>		22b. ADDRESS <i>Macon, Mo.</i>	22c. DATE SIGNED <i>5/12/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 5, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Macon, Mo.</i>

24. FUNERAL DIRECTOR <i>Lester Hutton</i> ADDRESS <i>Macon, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>5/15/59</i>	26. REGISTRAR'S SIGNATURE <i>Ruth McNeely</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filed 5-29-59

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 *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Macow, N.C.*

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.