

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000943

FILED VS JAN 11 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 6 STATE FILE NUMBER

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY FRANKLIN | a. STATE MO. b. COUNTY FRANKLIN | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON | Length of stay in 1b | c. CITY OR TOWN VILLA RIDGE | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP. | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS R.R. # 1 | (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|---|--------|---|---|--|-------------------------------------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First WILLIAM | Middle | Last LAKEBRINK | Month JAN. | Day 4 | |
| 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 APR. 19, 1887 | 9. AGE (last birthday) 72 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (City and state or country) VILLA RIDGE, MO. | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |

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| 13a. FATHER'S NAME HENRY LAKEBRINK | 13b. MOTHER'S MAIDEN NAME ANNA PATKE | 14. NAME OF HUSBAND OR WIFE AUGUSTA LAKEBRINK |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. 498-40-8739 | 17. INFORMANT GEORGE LAKEBRINK R.R. 1 VILLA RIDGE |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <i>Multiple pulmonary emboli</i> | | <i>10 days</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <i>Coronary thrombi & fibrillation</i> | <i>10 days</i> |
| | DUE TO (c) <i>Arterio-sclerotic heart disease</i> | <i>15 years</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? 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 a.m. p.m. | Month, Day, Year | |
| 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 COUNTY STATE |

21. I attended the deceased from Jan. 1959 to Jan. 4, 1960 and last saw him live on 1-4-60
Death occurred at 9:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>John Bryan MD</i> | (Degree or title) | 22b. ADDRESS <i>Washington, Mo</i> | 22c. DATE SIGNED <i>1-6-60</i> |
|--|-------------------|---------------------------------------|-----------------------------------|

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|--|----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE JAN. 7, 1960 | 23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY | 23d. LOCATION (City, town, or county) (State) VILLA RIDGE MO. |
|--|----------------------------------|--|---|

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| 24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME | ADDRESS UNION, MO. | 25. DATE RECD. BY LOCAL REG. <i>1/6/60</i> | 26. REGISTRAR'S SIGNATURE <i>J. J. Williams</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Ottman

Licensed Embalmer No. 4808

P. O. Address Union, N.J.

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