

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045525

FILED VS DEC 27 1960 77

Registration District No. _____ Primary Registration District No. 3016 Registrar's No. 437

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City | Length of stay in 1b 10 days | c. CITY OR TOWN Eldon | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (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) First Thomas Middle F. Last Lake | | | 4. DATE OF DEATH Month December Day 23 Year 1960 | | |
| 5. SEX male | 6. COLOR OR RACE Caucasian | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Aug 5, 1881 | 9. AGE (last birthday) 79 | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (ret.) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Jackson County, Mo. | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 13a. FATHER'S NAME Benjamin Lake | 13b. MOTHER'S MAIDEN NAME Hattie Alexandra | 14. NAME OF HUSBAND OR WIFE May Lake | |

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| 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. NONE | 17. INFORMANT Mrs May Lake | Address Eldon, Mo. |
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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: IMMEDIATE CAUSE (a) Tetanus | | Interval between onset and death 10 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Injured hand. | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cut hand on saw Dec 7/60 | 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 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | |

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|--|---|--|--------------------------------|--------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) farm | 20f. CITY, TOWN, OR LOCATION Miller Co, Mo | COUNTY Miller Co, Mo | STATE Mo |
| 21. I attended the deceased from Dec 14 to Dec 23 and last saw him alive on Dec 23/60 Death occurred at 11:45 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22. SIGNATURE (Degree or title) Leon A Taylor M.D. | | 22b. ADDRESS Jefferson City | 22c. DATE SIGNED 12-23-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 12-25-60 | 23c. NAME OF CEMETERY OR CREMATORY Whorton | 23d. LOCATION (City, town, or county) (State) Bosworth Mo. |

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| 24. FUNERAL DIRECTOR Phillips Funeral Home | ADDRESS Eldon | 25. DATE RECD. BY LOCAL REG. 24 December 1960 | 26. REGISTRAR'S SIGNATURE R.P. Davis M.D. Richter, D.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 1961

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 Louis W. Healy

Licensed Embalmer No. 3663

P. O. Address Felton

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.