

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010031

AMENDED Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 115 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED APR 10 1961

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b one year
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 229 North Harding Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 229 North Harding Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First JAMES Middle HENRY Last LAKIN
 4. DATE OF DEATH Month April Day 7 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5/18/94 9. AGE (last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 Gen Agriculture 11. BIRTHPLACE (City and state or country) Cooper County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Henry Lakin 13b. MOTHER'S MAIDEN NAME Susan McAllister 14. NAME OF HUSBAND OR WIFE *****

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. not obtainable 17. INFORMANT Mrs. Mable Wilcoxson, Address 229 N. Harding Sedalia, 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) Cerebral Hemorrhage
 DUE TO (b) Arteriosclerosis C V Disease
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 June 1900 to April 1961 and last saw him alive on 6 April 1961
 Death occurred at 9:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS [Address] 22c. DATE SIGNED 7/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/9/61 23c. NAME OF CEMETERY OR CREMATORY Hazel Grove Cemetery 23d. LOCATION (City, town, or county) (State) Rural Saline County, Mo.

24. FUNERAL DIRECTOR [Signature] ADDRESS Sedalia, Mo. 25. DATE RECD. BY LOCAL REG. Apr 8-1961 26. REGISTRAR'S SIGNATURE [Signature]

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. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

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.