

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034057

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 54 Primary Registration District No. _____ Registrar's No. 155

STATE FILE NUMBER

FILED OCT 8 1962

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Pleasant Township</u>		Length of stay in 1b <u>2Hr 40Min</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>328th USAF Hospital Richards-Gebaur AFB, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10711 Walrond Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Melba</u> Middle <u>Irene</u> Last <u>Lakebrink</u>			4. DATE OF DEATH Month <u>September</u> Day <u>26</u> Year <u>1962</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 12, 29</u>	9. AGE (last birthday) <u>33</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>St Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Hobart Blake</u>			13b. MOTHER'S MAIDEN NAME <u>Alpha (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Earl W. Lakebrink</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Mr E.W. Lakebrink, 10711 Walrond Street Kansas City, Missouri Kansas City, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2Hr 40Min</u>
DUE TO (b) <u>Ruptured Liver</u>		
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. <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.) <u>Patient involved in a single car collision, 1 mile west of 71 Highway on Highway 150, when her car ran off the road and struck a tree. Exact circumstances not known due to lack of witnesses.</u>	
20c. TIME OF INJURY Hour <u>4:00</u> <input checked="" type="checkbox"/> p.m. Month, Day, Year <u>Sep 26 62</u>			

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.) <u>See Item 20f</u>	20f. CITY, TOWN, OR LOCATION <u>1 mile west of Highway 71 on 150 Highway</u>	
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21. I attended the deceased from September 26, 1962 to September 26, 62 and last saw her alive on September 26, 1962. Death occurred at 6:40 P M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>M.L. Cheatham, Capt, USAF, MC</u>	22b. ADDRESS <u>328th USAF Hospital Richards-Gebaur AFB, Missouri</u>	22c. DATE SIGNED <u>9-26-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Sept. 27, '62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Missouri</u>	23d. LOCATION (City, town, or county) <u>St. Louis Missouri</u>
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24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons Kansas City, Mo.</u>	ADDRESS <u>1331 Brush Cr</u>	25. DATE RECD. BY LOCAL REG. <u>9-27-62</u>	26. REGISTRAR'S SIGNATURE <u>Ray J. Sebra</u>
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(Licensed Embalmer) Robert J. Sebra

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

OCT 8 1962

OCT 11 1962

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 Basil G. Hervey

Licensed Embalmer No. 4724

P. O. Address 270 200

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.