

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045625
STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. 6164 Registrar's No. 50

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1040
21040

3
4 0
5 1

6
7 0
8 0

9292.4

10
11
1290-0
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marionville		Length of stay in lb	c. CITY OR TOWN Marionville
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. #1
3. NAME OF DECEASED (Type or print) Frank Lakin		4. DATE OF DEATH Month November Day 25 Year 1962	
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 10-13-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Rolla, Missouri
13a. FATHER'S NAME Joseph F. Lakin		13b. MOTHER'S MAIDEN NAME Fruzie Elizebeth Baker	14. NAME OF HUSBAND OR WIFE Hulda Ellen Lane
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.	17. INFORMANT Address Hulda E. Lakins Marionville Rt. #1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia and terminal uremia			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis			2 days
DUE TO (c) Pancytopenia & splenomegaly			5 yrs.
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 1958 to 11/25/62 and last saw ^{xxx} him alive on 11/25/62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. P. Coyle M.D.</i> (Degree or title)		22b. ADDRESS Crane, Missouri	22c. DATE SIGNED 11/26/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-27-1962	23c. NAME OF CEMETERY OR CREMATORY Hood Cemetery	23d. LOCATION (City, town, or county) (State) Stone Co. Missouri
24. FUNERAL DIRECTOR ADDRESS W.B. Cantrell Clever, Mo.		25. DATE RECD. BY LOCAL REG. Dec 7, 1962	26. REGISTRAR'S SIGNATURE <i>Mary F. Stewart</i>

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

William B. Bentley

Licensed Embalmer No.

4820

P. O. Address

Republic, Mo

*Permit received
11-27-62*

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.