

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15136

XC-8801-578
REG. FILED APR 28 1951

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 6076 Registrar's No. 977

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAIR GROVE	
c. LENGTH OF STAY (in this place) 27 days		d. STREET ADDRESS (If rural, give location) ROUTE #2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS' ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) LEONARD b. (Middle) S. c. (Last) HAKE			4. DATE OF DEATH (Month) (Day) (Year) APRIL 14, 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 7/12/12			9. AGE (In years last birthday) 38 If under 1 year: Months 9 Days 2 If under 2 hrs. Hours 2 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) MONTROSE, MISSOURI			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME ANTHONY J. HAKE		13b. MOTHER'S MAIDEN NAME MARY CALWEI		14. NAME OF HUSBAND OR WIFE ANGELINE E. HAKE	
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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) YES WW-2		16. SOCIAL SECURITY NO. 496-01-5864		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS JEFF BRKS., MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PHARYNX WITH METASTASIS TO BONES & LUNGS ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 3/19/51, 1951, to 4/14/51, 1951 and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.		23b. ADDRESS VAH., JEFF BRKS., MO.		23c. DATE SIGNED 4-14-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE APRIL 16-51		24c. NAME OF CEMETERY OR CREMATORY GERMANTOWN CEMETERY		24d. LOCATION (City, town, or county) (State) CLINTON, MISSOURI	
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DATE REC'D BY LOCAL REG. 4/15/51		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. HOFFMEISTER 7814 S. BRDWAY ST.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 29 1955

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
Student Embalmer

Signed _____

Licensed Embalmer No. 2679

P. O. Address _____

7514 1/2 Broadway

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 this body is not embalmed, fact should be so stated above.