

No. 300
10-48

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20267

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Benton</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Windsor</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - West White Swp</i>	
c. LENGTH OF STAY (In this place) <i>11 days</i>		d. STREET ADDRESS (If rural, give location) <i>R# 4 Windsor 0050</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Grays Rest Home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>LEMUEL</i> b. (Middle) <i>ROBINSON</i> c. (Last) <i>DAKES</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 8, 1952</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Sept. 4, 1870</i>	9. AGE (In years last birthday) <i>81</i>	IF UNDER 1 YEAR Months <i>9</i> Days <i>4</i>	IF UNDER 4 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Benton County, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Lemuel Dakes</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Stivers</i>	14. NAME OF HUSBAND OR WIFE <i>Pearl Mc Lane Dakes</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. John Pattison</i> ADDRESS <i>Windsor, Mo.</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2-3 day</i> <i>3-4 wks</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho-Pneumonia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Peritonitis</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	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 *May 1, 1952*, to *June 11, 1952*, that I last saw the deceased alive on *June 6, 1952*, and that death occurred at *12:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Claude M. Shurber M.D.</i> (Degree or title)	23b. ADDRESS <i>114 N. Main Windsor Mo</i>	23c. DATE SIGNED <i>6/11/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6-11-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak</i>	24d. LOCATION (City, town, or county) (State) <i>Windsor, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>6-11-52</i>	REGISTRAR'S SIGNATURE <i>Florence Adair</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Turner</i> ADDRESS <i>Windsor, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

William M. Turner

Licensed Embalmer No.

4648

P. O. Address

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