

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11868

FILED MAR 19 1957

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 40

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HENRY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Montrose 04200		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3				Length of stay in lb 5 yrs		d. STREET ADDRESS (If outside, give location) None Given	
3. NAME OF DECEASED (Type or print) HENRY				First A Middle A Last HAKE		4. DATE OF DEATH MARCH 13 1957	
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 31 1889	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 3 Days 13 Hours - Min. -		IF UNDER 24 HRS. 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 FARM		11. BIRTHPLACE (City and state or country) MISSOURI 0	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME HENRY HAKE			
14. MOTHER'S MAIDEN NAME MARY FICK				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. none				17. INFORMANT Elizabeth Hake Nevada 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) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Presenile Psychosis							INTERVAL BETWEEN ONSET AND DEATH 1 Day 5 yrs
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.) none				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
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 March 21 1955 to March 13 1957 and last saw her ^{him} alive on March 23 1957 Death occurred at 7:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank D. Wynn, M.D. 0				22b. ADDRESS State Hosp #3		22c. DATE SIGNED March 13 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3/16/57		23c. NAME OF CEMETERY OR CREMATORY Montrose Catholic Cem		23d. LOCATION (City, town, or county) (State) Montrose MO	
24. FUNERAL DIRECTOR ADDRESS Sickman & Manning Clinician mo				25. DATE RECD. BY LOCAL REG. 3-15-1957		26. REGISTRAR'S SIGNATURE Anna E. Ferry	

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. L. Dunning*

Licensed Embalmer No. *47*

P. O. Address *Clinton*

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.