

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015047

FILED VS MAY 9 1960

137

126

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Henry				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 Montrose		Length of stay in 1b 41 yrs		c. CITY OR TOWN Montrose		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home in Montrose			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) in Montrose		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clarence Middle William Last Hake				4. DATE OF DEATH Month April Day 27 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-11-1919	9. AGE (last birthday) 41	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) druggist			10b. KIND OF BUSINESS OR INDUSTRY drugstore		11. BIRTHPLACE (City and state or country) Montrose, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John A. Hake			13b. MOTHER'S MAIDEN NAME Mary Hueser			14. NAME OF HUSBAND OR WIFE none		
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. 486-26-3524		17. INFORMANT Mrs. Mary Hake Address Montrose, 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) Intracranial hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 27 hours		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
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 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.) Fall in yard of home, striking head on ground				
20c. TIME OF INJURY 11:00 p.m.		Hour Apr 25 '60		Month, Day, Year				
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.) Backyard of home		20f. CITY, TOWN, OR LOCATION Montrose		COUNTY Henry STATE Mo		
21. I attended the deceased from 26 Apr 60 to 27 Apr 60 and last saw him alive on 26 Apr 60 Death occurred at 3:30 m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE William Hake MD (Degree or title)				22b. ADDRESS Appleton City, Mo		22c. DATE SIGNED 30 Apr 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-30-1960	23c. NAME OF CEMETERY OR CREMATOR St Mary's		23d. LOCATION (City, town, or county) (State) Montrose Missouri			
24. FUNERAL DIRECTOR Sickman & Dunning FH Clinton, Mo ADDRESS				25. DATE RECD. BY LOCAL REG. May 2 - 1960		26. REGISTRAR'S SIGNATURE Wilded Bigum		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 16 1960
DEC 13 1961

MAY 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert L. Danni

Licensed Embalmer No. *4570*

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.