

FILED JAN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2215

State File No.

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4426 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Lack</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lack</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairplay mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fairplay</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Park of Fairplay</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elena</u> b. (Middle) <u>Ann</u> c. (Last) <u>Stakes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 12 1863</u>
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>9</u>	11. DAYS <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert N. Hawkins</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Emery</u>	14. NAME OF HUSBAND OR WIFE <u>John Stakes</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Elena Stakes</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Senility</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
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	
22. I hereby certify that I attended the deceased from <u>March 30, 1948</u> , to <u>Jan 1, 1949</u> , that I last saw the deceased alive on <u>Jan 1, 1949</u> , and that death occurred at <u>10:45 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Frank F. Wilson</u>		23b. ADDRESS <u>202 Fair Play Mo</u>	23c. DATE SIGNED <u>1/10/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan 5 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rondo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rondo Lack Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan 12, 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jewell Garded</u>	ADDRESS <u>Erwin and Blue Galivan</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1618

Date Filed 17/17-49

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.

Signed W. Edward B. Erwin

Signed _____
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Palmyra, W.

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.