

STANDARD CERTIFICATE OF DEATH

State File No. 9626

FILED MAR 16 1954 BIRTH NO. REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) St. James		c. CITY OR TOWN St. James	
c. LENGTH OF STAY (in this place) 20 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0819	
3. NAME OF DECEASED (Type or Print) a. (First) Herbert		b. (Middle) W.	
c. (Last) Hake		4. DATE OF DEATH (Month) (Day) (Year) Mar. 4, 1954	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 1, 1871	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days 11 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Paper Carrier		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman Hake		13b. MOTHER'S MAIDEN NAME Louisa Kellerman	
14. NAME OF HUSBAND OR WIFE Caroline Hake		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Caroline Hake - St. James, Mo.	
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) CEREBRO-VASCULAR ACCIDENT ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS 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 331X	
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) m.		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 NOV. 1953, to MARCH 4, 1954, that I last saw the deceased alive on MARCH 1, 1954, and that death occurred at 7:30 P. m., from the causes and on the date stated above.	
23a. SIGNATURE Robert A. McDonald (Degree or title) M.D.		23b. ADDRESS St. James, Mo.	
23c. DATE SIGNED 3/6/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
24d. LOCATION (City, town, or county) St. James, Mo.		24e. (State)	
DATE REC'D BY LOCAL REG. 3-6-54		REGISTRAR'S SIGNATURE Ruth B. Powell	
25. FUNERAL DIRECTOR'S SIGNATURE Oral E. Licklider		ADDRESS St. James, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 16 195

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed..... *Orville E. Licklider*

Licensed Embalmer No. *354*

P. O. Address *St James*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.