

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17874

State File No. _____

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>66</u>			
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Deepwater Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Deepwater Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Deepwater Township</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence Robert</u>			b. (Middle) _____		c. (Last) <u>Hake</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-1-1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-23-1901</u>		9. AGE (In years last birthday) <u>53</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MIN. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Montrose Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Anthony Hake</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kalwei</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Hake</u>				
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 ADDRESS <u>Joe Hake Montrose Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montrose Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	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>July 1, 1954</u> , to <u>7/1</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/1</u> , 19 <u>54</u> , and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Douglas C. Kerney M.D.</u>				23b. ADDRESS <u>Butler, Mo</u>		23c. DATE SIGNED <u>7/2/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>7-5-1954</u>		24b. DATE <u>7-5-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montrose cem</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>July 5-1954</u>	24f. REGISTRAR'S SIGNATURE <u>Kendall Kerney</u>	24g. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sickman-Dunning Clinton Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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 Robert J. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.