

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2411**

FILED JAN 15 1957

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give town) Richmond		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY OR TOWN Richmond
d. FULL NAME OF HOSPITAL OR INSTITUTION 157 Grandview St.		e. STREET ADDRESS (If rural, give location) 157 Grandview St.	
3. NAME OF DECEASED a. (First) SAMUEL		b. (Middle) PHILLIP	c. (Last) LAKE
4. DATE OF DEATH January 4, 1957		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 12, 1870		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and State or Foreign Country) Ray County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Lake		13b. MOTHER'S MAIDEN NAME Minerva Buckley	
14. NAME OF HUSBAND OR WIFE Zula Snyder Lake		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Zula Lake, Richmond, 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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH week	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis		19. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? 2 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 12-24 , 19 56 , to 1-4 , 19 57 , that I last saw the deceased alive on 1-2 , 19 57 , and that death occurred at 8:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Thomas D. Gool, M.D.		23b. ADDRESS Richmond, Missouri	
23c. DATE SIGNED 1-7-57		23d. LOCATION (City, town, or county) (State) Richmond, Mo.	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 7, 1957	
24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Mo.	
DATE REC'D BY LOCAL REG. Jan 8-1957		REGISTRAR'S SIGNATURE Malcol Jackson	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Thurman Funeral Home, Richmond, Mo.	

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

received Jan. 8. 59

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, ~~XXXX~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm. L. Thurman*.....

Licensed Embalmer No. 4563.....

P. O. Address... Richmond, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.