

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4425

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5413 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Douglas 34	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Squires, Rural, Walls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Squires, Rural, Walls 0	
c. LENGTH OF STAY (in this place) 88		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION /			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Sherman	c. (Last) Lamb	4. DATE OF DEATH (Month) (Day) (Year) 1 9 49
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-18-60	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois /	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John Lamb	13b. MOTHER'S MAIDEN NAME Carolina-----	14. NAME OF HUSBAND OR WIFE Mary Ann Lamb
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles J Lamb - Squires Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Coronary artery, Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2-3 4 1/2	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-5, 1949, to 1-5, 1949, that I last saw the deceased alive on 1-5, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. E. Hauler D.O. 2	23b. ADDRESS Ava Mo.	23c. DATE SIGNED 1-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-11-49	24c. NAME OF CEMETERY OR CREMATORY Murray	24d. LOCATION (City, town, or county) (State) Squires, Missouri
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DATE REC'D BY LOCAL REG Feb. 12-49	REGISTRAR'S SIGNATURE Uestal Bushman 84	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 6;  
District File Number 249-174  
Date Filed 2-28-49

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 \_\_\_\_\_

Charles R. Fish

Student Embalmer No. 45

working under my personal supervision.

Student Charles R. Fish  
Student Embalmer

Signed \_\_\_\_\_

Oester A Roof

Licensed Embalmer No. 3044

P. O. Address Greenville, 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.