

FILED FEB 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **5515**

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>58149</u>		Registrar's No. <u>12</u>			
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MADISON 102</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - POLK</u>		c. LENGTH OF STAY (in this place) <u>59 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - POLK</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3, Fredericktown, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Route 3, Fredericktown, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Route 3, Fredericktown, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>HENRY S.</u>		c. (Last) <u>LAMB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9, 1949</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>Oct. 20, 1889</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>MADISON County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>CHARLES B. LAMB</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH - E. HENRY</u>		14. NAME OF HUSBAND OR WIFE <u>RICKA A. LAMB</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>RICKA A. LAMB, Fredericktown, Mo.</u> ADDRESS <u>Route 3</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>myocarditis</u> <u>acute cardiac failure</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>102</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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>1-5</u> , 19 <u>49</u> , to <u>Feb. 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-22</u> , 19 <u>49</u> , and that death occurred at <u>5:30 A.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. E. Harland, M.D.</u>				23b. ADDRESS <u>Ironton, Mo</u>		23c. DATE SIGNED <u>2-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SEBASTIAN</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>2-11-1949</u>		REGISTRAR'S SIGNATURE <u>Therence Hicks</u> 187		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dajin, Jr.</u> ADDRESS <u>Fredericktown, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4  
District File Number 249-249  
Date Filed 2-17-49

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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 Sam Sajim, Jr.

Signed .....  
Student Embalmer

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.