

FILED APR 25 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 11957-4424

BIRTH NO.		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 5413		Registrar's No. 14			
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo				b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) 0 TOWN Squires Walls		c. LENGTH OF STAY (In this place) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Squires Rural Walls		d. STREET ADDRESS (If rural, give location) 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Jane c. (Last) Hitchcock			4. DATE OF DEATH (Month) (Day) (Year) 2 - 13 - 49						
5. SEX F		6. COLOR OR RACE W		7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) 2		8. DATE OF BIRTH 8-10-88		9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 11 HRS. Min. 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Nurse			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Douglas Co, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Herman Lamb			13b. MOTHER'S MAIDEN NAME Mary Ann Plumb			14. NAME OF HUSBAND OR WIFE Rev. S. Hitchcock			
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. 114		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eva Turner, Squires 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy, cerebral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) cerebral DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 14-3347						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2-13, 1949, to 2-13, 1949 that I last saw the deceased alive on 2-13, 1949 and that death occurred at 12:30 am, from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr. C. E. Harlan, D.O.				23b. ADDRESS Ava mo			23c. DATE SIGNED 2-16-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) 13		24b. DATE 2-14-49		24c. NAME OF CEMETERY OR CREMATORY Murray Cem. Squires, mo		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG 3-23-49		REGISTRAR'S SIGNATURE Vestal Bushman		FEDERAL DIRECTOR'S SIGNATURE 844 Chub King		ADDRESS Ava mo			

(Licensed Embalmer's Statement on Reverse Side)

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

4-21-49  
Chub King

APR 25 1948

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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.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.