

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16320

State File No. ....

BIRTH NO. .... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 204 Registrar's No. 221

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>  |  |
| c. LENGTH OF STAY (in this place) <u>35 Yrs</u>  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>                            |  | d. STREET ADDRESS (If rural, give location) <u>1214 Connor Avenue</u>   |  |

|                                     |                         |                                |                       |  |
|-------------------------------------|-------------------------|--------------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Faith</u> | b. (Middle) <u>Bradleyford</u> | c. (Last) <u>LAMB</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1949</u> |
|-------------------------------------|-------------------------|--------------------------------|-----------------------|--|

|                      |                           |   |  |   |  |  |
|----------------------|---------------------------|---|--|---|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>January 11, 1894</u> | 9. AGE (In years last birthday) <u>55</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u> | IF UNDER 4 HRS. Hours <u></u> Min. <u></u> |
|----------------------|---------------------------|---|--|---|--|--|

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Tuscomb, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|---|-----------------------------------|--|--|

|                                   |  |  |
|-----------------------------------|--|--|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Rosa Wolforth</u> | 14. NAME OF HUSBAND OR WIFE <u>Lyman R. 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. | 17. INFORMANT'S SIGNATURE OR NAME <u>Lyman Lamb</u> | ADDRESS <u>1214 Connor Ave. Joplin.</u> |
|---|-------------------------|---|---|

|   |   |             |   |
|---|---|-------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |             | INTERVAL BETWEEN ONSET AND DEATH<br><u>12/22/48</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>   |             |   |
|   | ANTECEDENT CAUSES<br>Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Essential hypertension</u><br>DUE TO (c) |             |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | <u>4222</u> |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) m. | 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 12-22, 1948, to 5-9, 1949, that I last saw the deceased alive on 5-9, 1949, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

|   |  |                                 |
|---|--|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | 23b. ADDRESS <u>331 Prince Bee Joplin, Mo.</u> | 23c. DATE SIGNED <u>5/11/49</u> |
|---|--|---------------------------------|

|   |                               |   |   |
|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 11, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u> |
|---|-------------------------------|---|---|

|   |  |   |   |
|---|--|---|---|
| DATE REC'D BY LOCAL REG. <u>5-13-49</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Thornhill-Dillon Joplin, Mo.</u> |
|---|--|---|---|

(Licensed Embalmer's Signature on Reverse Side)

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

49  
2  
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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 \_\_\_\_\_

*William E. Huddleston*

Student Embalmer No. *324*

working under my personal supervision.

Student

*William E. Huddleston*  
Student Embalmer

Signed

*Cecil A. Shumblee*

Licensed Embalmer No. *3590*

P. O. Address *Joplin, 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.