

FILED AUG 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22470

BIRTH NO. _____		REG. DIST. NO. 6		PRIMARY REG. DIST. NO. 3001		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY AUDRAIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VANDALIA-MO		c. LENGTH OF STAY (in this place) 26yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VANDALIA-MO			
d. FULL NAME OF HOSPITAL OR INSTITUTION 601 WEST PAGE ST				d. STREET ADDRESS (If rural, give location) 601 WEST PAGE ST			
3. NAME OF DECEASED (Type or Print) JOSEPH - LAMPTON			a. (First)			b. (Middle)	
c. (Last)			4. DATE OF DEATH JULY-26-1949		a. (Month)		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB-11-1812	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR 5 Months		IF UNDER 24 HRS. 15 Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICK-PLANT-LABORER		10b. KIND OF BUSINESS OR INDUSTRY BRICK-PLANT		11. BIRTHPLACE (State or foreign country) ELLIOTT - MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BENJAMIN LAMPTON			13b. MOTHER'S MAIDEN NAME MARGARET FAGG			14. NAME OF HUSBAND OR WIFE ROSA LAMPTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-09-4276		17. INFORMANT'S SIGNATURE OR NAME ROSA LAMPTON		ADDRESS VANDALIA-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) Coronary Case blood with out Medical Aid				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) No history of organic trouble					
		DUE TO (c) Supposedly a heart attack					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Woke suddenly in bed at his home					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				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) Vandalia Audrain MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from blood with out Medical Attention and that death occurred at 2 A m., from the causes and on the date stated above.							
23a. SIGNATURE S. C. Adams, M.D., Coroner				23b. ADDRESS Mexico MO		23c. DATE SIGNED 7-26-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY-28-1949		24c. NAME OF CEMETERY OR CREMATORY VANDALIA CEMETERY		24d. LOCATION (City, town, or county) (State) VANDALIA-MO.	
DATE REC'D BY LOCAL REG. July 28 1949		REGISTRAR'S SIGNATURE Mallie Fegua		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Widney		ADDRESS Parry	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 2 1949
District Health Officer No
District File Number 8-49-11
Dist Filed AUG 2 1949

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

John E. Maxwell

Student Embalmer No. *252*

working under my personal supervision.

Student *John E. Maxwell*

Student Embalmer

Signed

Clyde Wiley

Licensed Embalmer No. *3826*

P. O. Address *Perry, 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.