

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24279  
Registrar's No. 35

No. 300  
10-48  
Dr. Callahan  
FILED AUG 8 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 5912

1. PLACE OF DEATH a. COUNTY <u>Lemont</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lemont</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele Va Jay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele Va Jay</u>	
c. LENGTH OF STAY (In this place) <u>39 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Virginia Hosp</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Lamb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-16-49</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-23-1868</u>
9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>23</u>	11. UNDER 1 WEEK Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Bradford Tenn</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Baker</u>		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE _____		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>Dale Lamb</u> ADDRESS <u>Lemont, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 months	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>uremia</u> DUE TO (c) <u>senility</u>		742X	

19a. DATE OF OPERATION <u>7-7-49</u>		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) _____		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 Feb, 1949, to 6/6, 1949, that I last saw the deceased alive on 6/1, 1949, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Callahan M.D.</u>		23b. ADDRESS <u>Steele, Mo</u>		23c. DATE SIGNED <u>7/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Human Funeral Home</u>		ADDRESS <u>Steele Mo</u>	

DATE REC'D BY LOCAL REG. 7-7-49 REGISTRAR'S SIGNATURE \_\_\_\_\_ 249 (Licensed Embalmer's Statement on Reverse Side)

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

8-49-199

**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 \_\_\_\_\_

*John St. German*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.