

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1949

State File No. 29911

REG. DIST. NO. 128

PRIMARY REG. DIST. NO. 2000

Registrar's No. 862

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

1. PLACE OF DEATH a. COUNTY <u>Springfield, Greene Co. Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> , b. COUNTY <u>Greene</u> , c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic, Republic Twp.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>South Main Street.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>A.</u>	
c. (Last) <u>LAMB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 27, 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>April 5th 1873</u>	
9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Groceryman</u>	
11. BIRTHPLACE (State or foreign country) <u>Blair Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Lamb.</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jackson.</u>	
14. NAME OF HUSBAND OR WIFE <u>Maude 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>?</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Glady Lamb Shank</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH	
*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	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension, Arteriosclerosis</u>	
DUE TO (c)		DUE TO (c) <u>enlarged heart, Left heart failure</u>	
II. OTHER SIGNIFICANT CONDITIONS		331x	
Conditions contributing to the death but not related to the disease or condition causing death.			
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)		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>11:00 27 Sept 48</u> to <u>12:35 27 Sept 49</u> that I last saw the deceased alive on <u>27 Sept, 1949</u> , and that death occurred at <u>12:35 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edwin M. Powell M.D.</u>		23b. ADDRESS <u>554 Medical Arts Bldg. Springfield, Mo.</u>	
23c. DATE SIGNED <u>28 Sept 49</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-27-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Old Mission Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wichita, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>10-1-49</u>		REGISTRAR'S SIGNATURE <u>W. J. [Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. E. Thurman</u>		ADDRESS <u>Republic, Mo.</u>	

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 R. C. Thurman

Licensed Embalmer No. 603

P. O. Address Republic 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.