

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36667

State File No. \_\_\_\_\_  
Registrar's No. 132

FILED DEC 3 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134

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

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Smithville 0</b>	c. LENGTH OF STAY (In this place) <b>35 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Smithville 0</b>	d. STREET ADDRESS (If rural, give location) <b>No. STREET ADDRESS 0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Smithville Community Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>KATE</b> b. (Middle) <b>CARLIDA</b> c. (Last) <b>LAMB</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOVEMBER 21, 1949</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Nov. 5, 1868</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>16</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (State or foreign country) <b>Smithville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Elihue Ingram</b>	13b. MOTHER'S MAIDEN NAME <b>MARG DE BERRY</b>	14. NAME OF HUSBAND OR WIFE <b>CHARLES L. LAMB (1947)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Noe Cregar</b>	ADDRESS <b>101 E 40th St. K.C. Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension, Ch. Myocardit</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>32X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **9-30**, 1949, to **11-21**, 1949, that I last saw the deceased alive on **11-21**, 1949, and that death occurred at **4:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. B. Hobbs - m.d.</b> (Degree or title)	23b. ADDRESS <b>Smithville Mo</b>	23c. DATE SIGNED <b>11/22/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov. 23, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Smithville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Nov 23-49</b>	REGISTRAR'S SIGNATURE <b>Beulah Kitchener</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McComas</b>	ADDRESS <b>Funeral Home Smithville, Mo</b>
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RECEIVED NOV 28  
District Health Officer No. 8,

District File Number.....

Date Filed 12-2-49

JAN 10 1950

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 HP

HP  
.....  
working under my personal supervision.

Student Embalmer No. HP.....

Signed HP  
.....  
Student Embalmer

Signed Ewen J. Bennett  
.....

Licensed Embalmer No. 3940.....

P. O. Address Smithville, 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.