

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **492**

BIRTH NO. _____ REG. DIST. NO. **386** PRIMARY REG. DIST. NO. **4082** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) Bogard		c. CITY (If outside corporate limits, write RURAL and give township) Bogard	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Willard	b. (Middle) Wesley	c. (Last) LAMB	4. DATE OF DEATH (Month) (Day) (Year) JAN 9 1950
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 26, 1871	9. AGE (In years) (Months) (Days) (Hours) (Min.) 78 11 13
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Morgan Co. Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Pierce Lamb	13b. MOTHER'S MAIDEN NAME Laura Holliday	14. NAME OF HUSBAND OR WIFE Clemmie Lamb
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jannie Chapman ADDRESS Mendon Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION About 3 years ago at Fished State	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **Jan 1, 1946** to **Jan 9, 1950** that I last saw the deceased alive on **Jan 1, 1950** and that death occurred at **8:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE J. D. Hamilton (Degree or title)	23b. ADDRESS Madison, Mo.	23c. DATE SIGNED Jan 9/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-11-50	24c. NAME OF CEMETERY OR CREMATORY New Comer	24d. LOCATION (City, town, or county) (State) Mendon Mo
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DATE REC'D BY LOCAL REG. Jan 10-50	REGISTRAR'S SIGNATURE 48 Eunice Street	25. FUNERAL DIRECTOR'S SIGNATURE E. D. DePuy ADDRESS Bogard Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

17 D

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-16-50

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 E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogard 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.