

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8231

0360

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leslie Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Lyon	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 4 mi N W of Leslie	
d. FULL NAME OF HOSPITAL OR INSTITUTION RRI Leslie			
3. NAME OF DECEASED (Type or Print) a. (First) Adalaide		b. (Middle) Lieda	
		c. (Last) Lampke	
4. DATE OF DEATH (Month) (Day) (Year) Feb 18 50			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 14 Sept 1868
9. AGE (in years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Missouri
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Vincent Hackmann		13b. MOTHER'S MAIDEN NAME unknown	
		14. NAME OF HUSBAND OR WIFE H W Lampke	
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 x John N. Lampke	
		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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 14 hours	
*This does not mean the mode of dying, such as heart failure, asthenia, 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) —	
		DUE TO (c) —	
II. OTHER SIGNIFICANT CONDITIONS		Advanced Arteriosclerosis	
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 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)			
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 2-18, 1950, to 2-18, 1950, that I last saw the deceased alive on 2-18, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Paula Bennett, M.D.		23b. ADDRESS Owensville, Mo.	
		23c. DATE SIGNED 2-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 21- Feb 1950	
		24c. NAME OF CEMETERY OR CREMATORY Holy Family Cem.	
		24d. LOCATION (City, town, or county) (State) New Haven Mo.	
DATE REC'D BY LOCAL REG. 2-21-50		REGISTRAR'S SIGNATURE J. H. Matthews	
		25. FUNERAL DIRECTOR'S SIGNATURE Stanley E. Meyer	
		ADDRESS Heald, Mo.	

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

District File Number
District Health Officer No. 9,
RECEIVED MAR 13 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate *was not embalmed* ~~was embalmed~~ by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Stanley E. Meyer

Signed _____
Student Embalmer

Licensed Embalmer No. *4639*

P. O. Address *Gerald, 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.