No. 300
10.48

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

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24254

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place): 1 dy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 404 E. 6

3. NAME OF DECEASED (Type or Print)
a. (First): Park
b. (Middle): Lamb
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 7-11-50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 28, 1884
9. AGE (In years last birthday): 66 — If under 1 year: Months 5, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Boiler Maker
10b. KIND OF BUSINESS OR INDUSTRY: Ry - Retired
11. BIRTHPLACE (State or foreign country): Bloomington, Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Lamb
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 702-16-3125
17. INFORMANT'S SIGNATURE OR NAME: Merel Lamb
ADDRESS: 527 E. 5

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anuria-uremia with convulsions. 18 hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardio-vascular-renal syndrome.

DUE TO (c) Arterio-sclerosis, hypertension, Nephritis.

INTERVAL BETWEEN ONSET AND DEATH: Chronic.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. As above.

442X

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: No operation.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Neither.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): XXXX
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): XXXX XXXX
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: No accident.

22. *I hereby certify that I attended the deceased from* June, 27, 1950 *to* July, 12, 1950 *, that I last saw the deceased alive on* July, 12, 1950 *, and that death occurred at* 12.30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Trader M.D.
23b. ADDRESS: 112 West 4th St. Sedalia, Mo.
23c. DATE SIGNED: 7-13-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-13-50
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Sedalia Mo

DATE REC'D BY LOCAL REG.: 7-13-50
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: McLaughlin Bros.
ADDRESS: 519 S. Ohio

(Licensed Embalmer's Statement on Reverse Side)

SEP 16 1950

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number .....
Date Filed 7-26-50

JUL 26 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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed R. P. McGrary

Student Embalmer

Licensed Embalmer No. 3153

P. O. Address Kahoka Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.