

U.S. No. 300
REV. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30994

0587

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

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 337

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laclede</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarney Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BYRON</u> b. (Middle) _____ c. (Last) <u>LAMME</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-6-50</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>6-16-71</u>
9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u>	IF UNDER 24 HRS Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Jefford</u>		13b. MOTHER'S MAIDEN NAME <u>Sue Harrett</u>	14. NAME OF HUSBAND OR WIFE <u>Oliver</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Thonie Lamme, Laclede, Mo.</u> ADDRESS _____
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism & infarction (at lower lobe)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic indolent myocarditis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS 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>Aug 20, 1950</u> , to <u>Sept 6, 1950</u> , that I last saw the deceased alive on <u>Sept 6, 1950</u> , and that death occurred at <u>10⁰⁰</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John R. Dutton, M.D.</u> (Degree or title)		23b. ADDRESS <u>Pho. Office, Mo.</u>	23c. DATE SIGNED <u>9-8-50</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede, Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-13-50</u>	REGISTRAR'S SIGNATURE <u>H. B. Erwin</u> 167	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers Funeral Home, Laclede, Mo.</u> ADDRESS _____	

Date Received: SEP 18 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-15
Date Filed: SEP 19 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
Student Embalmer

Signed WR Wright

Licensed Embalmer No. 4655

P. O. Address Laclede 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.