

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **33005**

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

BIRTH NO. _____		REG. DIST. NO. <u>23</u>		PRIMARY REG. DIST. NO. <u>3291</u>		Registrar's No. <u>75</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Liberty, Mo.</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Excelsior Springs</u> <u>0241</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clay County Home</u>				d. STREET ADDRESS (If rural, give location) <u>206 South Liberty Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u>		b. (Middle) <u>LEROY</u>		c. (Last) <u>LAMLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1950</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>Nov. 25, 1886</u>	
9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>10</u> DAYS <u>26</u>		9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>10</u> DAYS <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmithing</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Albert Lamley</u>				13b. MOTHER'S MAIDEN NAME <u>Rachel Vanderpool</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lamley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-22-9454</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Bivens</u> ADDRESS <u>Excelsior Springs, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>There was evidence of some intestinal obstruction</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>at time of death</u>				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 <u>Oct 10, 1950</u> to <u>Oct 21, 1950</u> , that I last saw the deceased alive on <u>Oct 20, 1950</u> , and that death occurred at <u>12</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Gadsden</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>10/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clay County Home Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rural, Liberty, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 23, 1950</u>		REGISTRAR'S SIGNATURE <u>Marvin Hayes</u>		64 3 FUNERAL DIRECTOR'S SIGNATURE <u>Paula Crickard</u>		ADDRESS <u>Excelsior Springs, Mo.</u>	



AUG 24 1951

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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.