

FILED JAN 16 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41272

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3029</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>				c. LENGTH OF STAY (In this place) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>904 Hy 61</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bess</u>			b. (Middle) <u>F.</u>		c. (Last) <u>Lamb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 7, 1892</u>		9. AGE (In years last birthday) <u>58/5/21</u>	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Jefferson County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Patterson</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Post</u>		14. NAME OF HUSBAND OR WIFE <u>Stanton Perry Lamb</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Patterson</u> ADDRESS <u>1217 Kenners, Crvstal City</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> 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 Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>						
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 <u>Dec 26, 1950</u> , to <u>Dec 28, 1950</u> , that I last saw the deceased alive on <u>Dec 27, 1950</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Hamnerford M.D.</u>			23b. ADDRESS <u>Crystal City Mo</u>		23c. DATE SIGNED <u>Dec 29/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/30/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Festus Methodist</u>		24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12/29/50</u>	REGISTRAR'S SIGNATURE <u>Eleanora Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. P. O'Connell</u>		ADDRESS <u>Festus Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 1-16-51

SEP 4 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____



Signed
Student Embalmer

Licensed Embalmer No. 3010

P. O. Address Festus 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.