

16-3000
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FILED APR 6 1951 STANDARD CERTIFICATE OF DEATH

State File No. 8175
Registrar's No. 41

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Grundy | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Trenton | | c. CITY (If outside corporate limits, write RURAL and give township) WAKRENSBURG 0512 | |
| d. TOWN | | d. STREET ADDRESS (If rural, give location) 220 Cleveland St | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION R-7A #3, TRENTON, MO | | | |

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|--|--|--|--|---|--|
| 3. NAME OF DECEASED a. (First) NAOMI b. (Middle) ISABELLE c. (Last) CASBERG-LAMB | | | 4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 28, 1951 | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | |
| 8. DATE OF BIRTH JULY 23, 1920 | | 9. AGE (In years last birthday) 30 | | 10. IF UNDER 1 YEAR Months 7 | |
| 11. IF UNDER 24 HRS. Hours 5 | | 11. BIRTHPLACE (State or foreign country) Grundy Co, MO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME WILBUR CASBERG | | 13b. MOTHER'S MAIDEN NAME HECILE BROOKS | | 14. NAME OF HUSBAND OR WIFE William P. Lamb Jr. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME William P. Lamb Jr. | |
| | | | | ADDRESS | |

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|--|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | Uremic Coma | | | 37 1/2 |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Chronic Nephritis and diabetic mellitus | | | |
| | | DUE TO (c) General Anoxia | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 260 X | | 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) | |

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|--|--|--|--|----------------------------|--|
| 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 Aug 1948, to Feb 28, 1951, that I last saw the deceased alive on Feb 28, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above. | | | | | |

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|---|--|-----------------------------|--|--|--|
| 23a. SIGNATURE J. Deane | | 23b. ADDRESS Trenton, MO | | 23c. DATE SIGNED Mar 1, 51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE March 1, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Mound Grove | |
| | | | | 24d. LOCATION (City, town, or county) (State) Trenton, MO | |

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|-------------------------------------|--|-----------------------------------|--|--|--|
| DATE REC'D BY LOCAL REG. 3/30-51 | | REGISTRAR'S SIGNATURE J. Deane | | 25. FUNERAL DIRECTOR'S SIGNATURE Doris Blackman | |
| | | 115 | | ADDRESS Trenton, MO | |

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

P. O. Address.....

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

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