

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9493

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u> <u>0781</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>110 E. Main</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Everett</u>	b. (Middle) <u>Elmer</u>	c. (Last) <u>Lamb</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1951</u>
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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. 14, 1903</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Days <u>4</u> Hours <u>0</u>	IF UNDER 10 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salon Owner & Night Club operator</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hornersville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Will Lamb</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Lamb</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Lamb - Hayti, Mo.</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GASTRIC HEMORRHAGE</u>		<u>10 MIN.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>VITAMIN B DEFICIENCY</u>		<u>3 DAYS</u>
DUE TO (c) <u>GASTRITIS (Acute)</u>		<u>3 DAYS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>LOBAR PNEUMONIA</u>		<u>3 HOURS</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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?
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22. I hereby certify that I attended the deceased from JULY, 1950, to MARCH 14, 1951, that I last saw the deceased alive on MARCH 14, 1951, and that death occurred at 7:55 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>E. L. Taylor</u>	(Degree or title) <u>MD.</u>	23b. ADDRESS <u>Hayti, Missouri</u>	23c. DATE SIGNED <u>3-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-20-51</u>	REGISTRAR'S SIGNATURE <u>John W. German</u>	400	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>	ADDRESS <u>Hayti, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

0781

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

3-51-86

MAR 23 1951

MAR 23 1951

MAR 21 1951

MAR 7 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.....

John St. Germain

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.