

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 6 1951

BIRTH NO. _____		REG. DIST. NO. <u>82</u>	PRIMARY REG. DIST. NO. <u>3017</u>	Registrar's No. <u>137</u>
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (If this place) <u>Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2029</u>		
3. NAME OF DECEASED (Type or Print) <u>Florence Henrietta Lamb</u>		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27 1951</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 26 1893</u>
9. AGE (In years last birthday) <u>58</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</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>Hans Peterson</u>		13b. MOTHER'S MAIDEN NAME <u>Marianne Hoake</u>		14. NAME OF HUSBAND OR WIFE <u>David R. Lamb</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None Available</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Sam E. Lamb</u> ADDRESS <u>Glasgow Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Surgery - Intestinal Obstruction</u> DUE TO (c) <u>Appendiceal Abscess</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5501</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 week</u>
19a. DATE OF OPERATION <u>Oct 21-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Appendiceal Abscess - Int. Obstruction</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Oct 27 51</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 21, 1951</u> , to <u>Oct 27, 1951</u> , that I last saw the deceased alive on <u>Oct 27, 1951</u> , and that death occurred at <u>9:15 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E. T. Humphreys M.D.</u> (Degree or title)		23b. ADDRESS <u>Boonville, Mo</u>		23c. DATE SIGNED <u>Nov 1, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 27 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Parkwood Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubbsley - Fremont</u> ADDRESS <u>Glasgow Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-1-51</u>		REGISTRAR'S SIGNATURE <u>Dr. Hooper</u>		26. (Licensed Embalmer's Statement on Reverse Side)

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

0277

or No.

RECEIVED NOV 5 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 5 - 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

E. R. L. L. L.

Signed.....
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.