

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30805

State File No.

150 OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1050

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
 c. LENGTH OF STAY (in this place) 3 wks
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Meth. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Mo. b. COUNTY Buchanan
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
 d. STREET ADDRESS (If rural, give location) 2735 Jackson

3. NAME OF DECEASED
 a. (First) George A. b. (Middle) Lamb c. (Last) Lamb
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 6, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr. 17, 1888

9. AGE (In years last birthday) 64
 IF UNDER 1 YEAR Months _____ DAY _____ IF UNDER 1 MIN. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Burlington R.R.

10b. KIND OF BUSINESS OR INDUSTRY Employee

11. BIRTHPLACE (State or foreign country) Arkadia, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Newton Lamb

13b. MOTHER'S MAIDEN NAME Mary Crumb

14. NAME OF HUSBAND OR WIFE George Lamb, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 707-09-5237

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgie Lamb, St. Joseph, Mo

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) Cerebral Hemorrhage.
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Hypertension
 DUE TO (c) Arterio Sclerosis
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6-1952 to 10-6-1952 that I last saw the deceased alive on 10-6-1952 and that death occurred at 1:45A.M., from the causes and on the date stated above.

23a. SIGNATURE R. B. Simmons M.D. (Degree or title)

23b. ADDRESS 80 1/2 Francis St. Joseph Mo

23c. DATE SIGNED 10/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct 8/52

24c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery

24d. LOCATION (City, town, or county) (State) Lawson, Mo

DATE REC'D BY LOCAL REG. Oct 8, 1952

REGISTRAR'S SIGNATURE Carl E. Casper

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Barry St Joseph Mo.

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

5117
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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 Victor Barry.....

Licensed Embalmer No. 14212.....

P. O. Address St Joseph 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.