

FILED FEB 25 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 37

1. PLACE OF DEATH
 a. COUNTY Vernon
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wash. Township
 c. LENGTH OF STAY (in this place) 13 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital 3 Nevada Mo

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
 a. STATE Mo. b. COUNTY St Clair
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola 0930
 d. STREET ADDRESS (If rural, give location) RR 2 1

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) _____ c. (Last) LAMB 4. DATE OF DEATH (Month) (Day) (Year) Feb 17, 1953

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Dec 17, 1869 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 83 2 0 - -
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) f. farmer 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and State or Foreign Country) Nevada Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ulysses Lamb 13b. MOTHER'S MAIDEN NAME Harriet Hawkins 14. NAME OF HUSBAND OR WIFE Etta Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Records State Hsp 3 Nevada Mo ADDRESS _____

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) Arteriosclerotic Heart Disease
 ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 4200
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS. With Psychosis
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no 19b. MAJOR FINDINGS OF OPERATION no 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 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) (Min.) _____ 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 Feb 4, 1953, to Feb 17, 1953 that I last saw the deceased alive on Feb 17, 1953, and that death occurred at 2:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L. Barone M.D. 23b. ADDRESS State Hospital 3 Nevada Mo 23c. DATE SIGNED Feb 17/53

24a. BURIAL, CREMATION, REINTERMENT (Specify) _____ 24b. DATE 2-20-53 24c. NAME OF CEMETERY OR CREMATORY Asbell Cemetery 24d. LOCATION (City, town, or county) (State) DADE COUNTY Mo

DATE REC'D BY LOCAL REG. 2-18-1953 REGISTRAR'S SIGNATURE Anna E. Ferry 45/ 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. B. Hoodrich Osceola Mo.

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

080
2

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

Ray Miller

Licensed Embalmer No. *4492*

P. O. Address *Oscoda, Mich*

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.