

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8966

FILED MAR 17 1953

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|--|----------------------------------|--|-------------|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>3007</u> | | Registrar's No. <u>109</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington 0910</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2 miles W. of Fairdealing</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Lillian Lamm</u> | | | b. (Middle) | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 5, 1953</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify) | | 8. DATE OF BIRTH <u>June 1, 1884</u> | 9. AGE (In years last birthday) <u>68</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 18 HRS. Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>My Vernon, Ind.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |
| 13a. FATHER'S NAME <u>William Wolf</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Kismer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Omar Lamm</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Gladys Edmonds Naylor, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Poisoning by analgesic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thyroidectomy</u> DUE TO (c) _____ 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 | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | | | |
| 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 <u>3-2</u> , 19 <u>53</u> to <u>3-5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-5</u> , 19 <u>53</u> , and that death occurred at <u>5:40</u> P.M., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Wm. H. Johnson M.D.</u> | | | | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | | 23c. DATE SIGNED <u>3-11-53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Mar. 7, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairdealing</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ripley Co. Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-12-53</u> | | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gish Funeral Home</u> | | ADDRESS <u>Naylor Mo.</u> | | |

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

RECEIVED
MAR 14 1953

BUTLER CO. HEALTH CENTER

FILE No. 353-124

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 *Dwight Mc Cord*.....

Licensed Embalmer No. 4079.....

P. O. Address Waynes, 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.