

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9026

State File No.

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 3008 Registrar's No. 141

143
2

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Booneville</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>144 6m 7d</u>		e. STREET ADDRESS (If rural, give location) <u>520 Cleburn 0272</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hospital No 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRVIN</u>	b. (Middle) _____	c. (Last) <u>LAMMERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 10 1953</u>
--	-------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 1900</u>	9. AGE (In years last birthday) <u>53</u> 1	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
--------------------	-------------------------------	--	------------------------------------	---	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pilot Grove Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	---	--	---

13a. FATHER'S NAME <u>FRED Lammers</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Wittman</u>	14. NAME OF HUSBAND OR WIFE _____
--	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk</u>	16. SOCIAL SECURITY NO. <u>Unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u>	ADDRESS <u>Fulton 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lactis mening. Encephalitis & Psychosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic Pneumonia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>026x</u>	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) (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 3 Oct 1932, to 10 APRIL, 1953, that I last saw the deceased alive on 10 APRIL, 1953, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.C. Caldwell (by G.S.W.) M.D.</u> (Degree or title)	23b. ADDRESS <u>Fulton, Mo</u>	23c. DATE SIGNED <u>10 April 53</u>
--	--------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4/10/53</u>	REGISTRAR'S SIGNATURE <u>Muretta Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B.W. Shacker</u>	ADDRESS <u>Booneville Mo</u>
---	---	--	------------------------------

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.....
Signature of Student Embalmer

Signed *Berry W. Shacker*.....
Licensed Embalmer No. *3949*

P. O. Address *Donville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.