

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10419

State File No.

No. 300
10.48

FILED APR 7 1953

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5627 Registrar's No. 60

530
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Competition Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Des Moines</u> <u>8140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile S.E. Delta</u>		d. STREET ADDRESS (If rural, give location) <u>4810 53 St.</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) <u>Fred Ray Lamp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1953</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED (Never married, widowed, divorced (Specify)) <u>married</u>	8. DATE OF BIRTH <u>July 27, 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTH PLACE (State or foreign country) <u>South Dakota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank L. Lamp</u>	13b. MOTHER'S MAIDEN NAME <u>Laura C. Kinney</u>	14. NAME OF HUSBAND OR WIFE <u>Daisy Lamp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>482-09-0811</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Daisy Lamp</u> ADDRESS <u>Des Moines, Iowa</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</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) <u>Car turning over on him</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>053 E8224 32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident from car</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near Delta</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Competition Rural Laclede, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 1st 1953 6P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car went out of control turned over Pinned him underneath</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:24 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard L. Palmer</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Lebanon Mo.</u>	23c. DATE SIGNED <u>4/2/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/2/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Iowa near Des Moines</u>
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DATE REC'D BY LOCAL REG. <u>4-3-1953</u>	REGISTRAR'S SIGNATURE <u>Altha L. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u> ADDRESS <u>Lebanon, Mo.</u>
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FEB 26 1953

Received APR 3 1953
Laclede County Health Unit
File No. K-53-65
Date Filed APR 6 1953

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 Orsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.