

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13092

State File No.

FILED APR 14 1953

REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 1275 Registrar's No. 12

1130

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

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Worth 1275</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Allendale Mo 1130</u>	
c. LENGTH OF STAY (in this place) <u>3 miles North Allendale</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles north of Allendale</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>(None)</u> c. (Last) <u>Lamb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 28-1953</u>		
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>Sept 22-1892</u>		9. AGE (In years last birthday) <u>70</u>		10. YOUNGER IN YRS. <u>6</u> HIGHER IN YRS. <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmex</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Worth County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Nathan Lamb</u>		13b. MOTHER'S MAIDEN NAME <u>Rosetta Masbarger</u>		14. NAME OF HUSBAND OR WIFE <u>Bertina Lamb</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertina Lamb</u> ADDRESS <u>Allendale 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic head disease</u>		24. <u>2 yrs</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>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan 10, 1951, to March 28, 1953, that I last saw the deceased alive on March 27, 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. L. Fullerton M.D.</u>		23b. ADDRESS <u>Redding Inn</u>		23c. DATE SIGNED <u>3/29/53</u>	
--	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 31-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lott's Grove</u>		24d. LOCATION (City, town, or county) (State) <u>North East of Allendale Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-7-1953</u>		REGISTRAR'S SIGNATURE <u>Keto E. Dawson</u>		345		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u> ADDRESS <u>Grand City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

John Andrews Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City 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.