

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13564**

FILED APR 25 1953

BIRTH NO. _____ REG. DIST. NO. **60** PRIMARY REG. DIST. NO. **5235** Registrar's No. **2 12**

0200
1

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

1. PLACE OF DEATH a. COUNTY GEDAR			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GEDAR		
b. CITY OR TOWN RURAL-Jerico		c. LENGTH OF STAY (In this place) 4 yrs.	c. CITY OR TOWN RURAL-Jerico		0200
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			d. STREET ADDRESS (If rural, give location) d		

3. NAME OF DECEASED (Type or Print) a. (First) OMER b. (Middle) THOMAS c. (Last) LAMPKIN			4. DATE OF DEATH (Month) (Day) (Year) 4 15 53		
--	--	--	---	--	--

5. SEX MALE	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 18-1889		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
--------------------	----------------------------	---	-------------------------------------	--	---	------------------------	----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY DW FARM	11. BIRTHPLACE (State or foreign country) HOLT CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.
---	--	--	---	--	--

13a. FATHER'S NAME F.J. LAMPKIN		13b. MOTHER'S MAIDEN NAME Dovie LAMPKIN		14. NAME OF HUSBAND OR WIFE MARGERET LAMPKIN	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no.	17. INFORMANT'S SIGNATURE OR NAME MRS. OMER T. LAMPKIN, SHELTON MO.	ADDRESS 4201
--	---	--	---------------------

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) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Jerico, Jerry MO	23c. DATE SIGNED 4-16-53
---	--	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 19-53	24c. NAME OF CEMETERY OR CREMATORY Old Herman Cemetery	24d. LOCATION (City, town, or county) (State) Platte Co MO
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. 4-23-53	REGISTRAR'S SIGNATURE [Signature]	477-0	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS SHELTON MO
---	--	-------	---	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1959

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *L. Gerald Blenny*.....

Licensed Embalmer No. *4203*.....

P. O. Address *Shelton, 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.