

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22166**

FILED JUL 15 1953

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **4316** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Cambria		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Cambria	
c. LENGTH OF STAY (in this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) Ethel	b. (Middle) Julia	c. (Last) Lampe	4. DATE OF DEATH (Month) (Day) (Year) July 5, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 11, 1884	9. AGE (In years) (Mst birthday) 69	IF UNDER 1 YEAR (Month) (Day) 4 24	IF UNDER 24 HRS. (Hour) (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Linneus, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Edward Howell Nortoni	13b. MOTHER'S MAIDEN NAME Rhoda Healy	14. NAME OF HUSBAND OR WIFE Otto W. Lampe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Verna Lampe Williams	ADDRESS New Cambria
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **July - 5 - 1953**, to **July - 5 - 1953**, that I last saw the deceased alive on **July - 5 - 1953**, and that death occurred at **5 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) _____	23b. ADDRESS New Cambria	23c. DATE SIGNED July 7, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 7, 1953	24c. NAME OF CEMETERY OR CREMATORY New Cambria Cemetery	24d. LOCATION (City, town, or county) (State) New Cambria, Mo.
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DATE REC'D BY LOCAL REG. 7/10/53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS New Cambria Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 10 1962

RECEIVED 7.13.53
MAGON COUNTY HEALTH DEPARTMENT
County File No. 2.53.122
Date Filed 7.14.53

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 H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.