

STANDARD CERTIFICATE OF DEATH

State File No. 22299

FILED JUN 17 1953

BIRTH NO.		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elcentro</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>8010 8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael A.</u> b. (Middle) <u>Lamondra</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>11</u> , 19 <u>53</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 13, 1903</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>28</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel Mgr</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Calumet Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alex Lamondra</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Lamondra</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rose Lamondra Detroit Mich</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>Head injury</u>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chest injury</u>							
DUE TO (c) <u>Car accident</u>							
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>U73</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMEHIDE (Specify) <u>Yes</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neosho Newton MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-6-53 9p</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 accident</u>			
22. I hereby certify that I attended the deceased from <u>6-6</u> , 19 <u>53</u> , to <u>6-11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-10</u> , 19 <u>53</u> , and that death occurred at <u>1:06a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. L. Whitford MD</u>				23b. ADDRESS <u>Neosho MO</u>		23c. DATE SIGNED <u>6-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6, 11, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Detroit Michigan</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>6-12-53</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mortuary</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

732

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT  
District File Number 623-114  
Date Filed JAN 16 1953

1953  
JAN 16 8 11 AM

JAN 22 1953

NEOSHO, MISSOURI

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 Jose A. Sullivan Jr.

Licensed Embalmer No. 4646

P. O. Address. Neosho, 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.