

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16409**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City Mineral Twp. 17 Mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin 0495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper County, Mo. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2924 Joplin St.</u>	

3. NAME OF DECEASED a. (First) <u>Cleve</u> b. (Middle) <u>J.</u> c. (Last) <u>Lampkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>June 24, 1888</u>	9. AGE (In years last birthday) <u>65</u> (If under 1 year: Months) <u>8</u> (If under 12 hrs: Days) <u>2</u> (Hours) _____ (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Welding</u>	11. BIRTHPLACE (State or foreign country) <u>Barry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John F. Lampkins</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Bricksman</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>Yes W.W.#1</u>	16. SOCIAL SECURITY NO. <u>509-09-2115</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs S. J. Lampkins</u> ADDRESS <u>1121 Geneva., Joplin, Mo</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>Pulmonary tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Fracture of left hip</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>002XF</u>	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 Nov 1, 1953 to May 26, 1954, that I last saw the deceased alive on May 26, 1954, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Loney M.D.</u> (Degree or title)	23b. ADDRESS <u>Box 390 Webb City, Mo</u>	23c. DATE SIGNED <u>5/26/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-27-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-31-'54</u>	REGISTRAR'S SIGNATURE <u>Mr. Madeline S. Sinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Billon Mortuary</u> ADDRESS <u>Joplin, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

RECEIVED JUN 7 1954
Jasper County Health Office
County File Number 54-6-444
Date Filed JUN 7 1954

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 William E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin 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.