

No. 30
10.48

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16983

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Ray

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ray

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond c. LENGTH OF STAY (In this place) 20 years

c. CITY OR TOWN Richmond d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 210 W. North Main Street e. STREET ADDRESS (If rural, give location) 210 W. North Main Street 089/10

3. NAME OF DECEASED
a. (First) Fred b. (Middle) E. Lamb c. (Last) Lamb

4. DATE OF DEATH (Month) (Day) (Year) June 6 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Unknown 9. AGE (In years last birthday) ap. 72 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Unknown 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Dr. John F. Baber, Richmond, Mo. ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Coronary Thrombosis

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH Inst.
ANTECEDENT CAUSES
MORBID 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) Richmond Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Dr. J. F. Baber (Degree or title) 23b. ADDRESS Richmond Mo. 23c. DATE SIGNED 6-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 9, 1954 24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery 24d. LOCATION (City, town, or county) (State) Manhattan, Kansas

DATE REC'D BY LOCAL REG. June 11-1954 REGISTRAR'S SIGNATURE Maluel Jackson 25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter ADDRESS Richmond, Mo.

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

Ed. H. Hays

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.....
Signature of Student Embalmer

Signed..... *Thomas J. Carter*

Licensed Embalmer No... *44*

P. O. Address... *Richmond*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.