

FILED JUL 13 1954

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>233</u>		PRIMARY REG. DIST. NO. <u>4348</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>		c. LENGTH OF STAY (In this place) <u>41 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>		6700	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>301 East Bates</u>			
3. NAME OF DECEASED (Type or Print) <u>ELMER</u>		a. (First)		b. (Middle) <u>W.</u>		c. (Last) <u>LAMPE</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1954</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Brick Company</u>		8. DATE OF BIRTH <u>Sept. 3 1912</u>		9. AGE (In years last birthday) Months Days <u>41 10 3</u>	
11. BIRTHPLACE (State or foreign country) <u>Audrain County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Gottlieb Lampe</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Uphoff</u>		14. NAME OF HUSBAND OR WIFE <u>Majourie Lampe</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>493-05-9585</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Majourie Lampe Wellsville Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>July 6, 1954</u> to <u>July 6, 1954</u> , that I last saw the deceased alive on <u>July 6, 1954</u> and that death occurred at <u>1:45 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Willis H. Waller</u>				23b. ADDRESS <u>Wellsville Mo.</u>		23c. DATE SIGNED <u>7-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/8/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Montg. Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-8-54</u>		REGISTRAR'S SIGNATURE <u>W.S. Roman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.B. Hulse Wellsville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

6700

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

A. B. Wells

Licensed Embalmer No. _____

P. O. Address _____

*1588
Hellerille 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.