

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23401

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 100	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City, Mo		c. LENGTH OF STAY (In this place) 58 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City, Mo 2492			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hosp				d. STREET ADDRESS (If rural, give location) 109 N. Roane			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) H.		c. (Last) Lamb	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 6 1882	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operated Whirl Bar		10b. KIND OF BUSINESS OR INDUSTRY Bartender		11. BIRTHPLACE (State or foreign country) Jacksonville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Lamb		13b. MOTHER'S MAIDEN NAME Elizabeth Glascock		14. NAME OF HUSBAND OR WIFE Charlotte Lamb			
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 Charlotte Lamb Webb City, Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Coronary arteriosclerosis II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis 4/201				INTERVAL BETWEEN ONSET AND DEATH 2 da Unknown Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Tumor mass in upper right quadrant undetermined				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) (Min)		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 7/15/54, to 7/21, 1954, that I last saw the deceased alive on 7/21/54, and that death occurred at 5:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. Wells - Reed, D.O.				23b. ADDRESS 934 W. Douglas St.		23c. DATE SIGNED 7/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.		24d. LOCATION (City, town, or county) (State) Webb City, Mo	
DATE REC'D BY LOCAL REG. 7-23-54		REGISTRAR'S SIGNATURE Mrs. Madeline Smitzer		25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson Mortuary		ADDRESS Webb City, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

1961 JUL 28 9AM

RECEIVED JUL 26
Jasper County Health O
County File Number 54-7
Date Filed JUL 26

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 James E. Arme

Licensed Embalmer No. 4463

P. O. Address WPA City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.