

STANDARD CERTIFICATE OF DEATH

23653

State File No.

FILED AUG 11 1954

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frederic ktown</u>	
c. LENGTH OF STAY (in this place) <u>51 yrs.</u>		062/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311 Anthony St.</u>		d. STREET ADDRESS (If rural, give location) <u>311 Ant hony St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Artemus</u>	b. (Middle) <u>Lafayettee</u>	c. (Last) <u>Lamont</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2, 1954</u>
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5. SEX <u>Male</u> <input type="radio"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 5, 1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Diesel</u>	11. BIRTHPLACE (State or foreign country) <u>Doe Run, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Lamont</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Jane Wood</u>	14. NAME OF HUSBAND OR WIFE <u>Ef fie Lamont</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>516-01-7246</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Christine King, Flat River, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</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) _____		
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 <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) m.	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 Aug 2, 1954, to Aug 2, 1954, that I last saw the deceased alive on Aug 2, 1954, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.W. DeLeyne</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Fredericktown, Mo</u>	23c. DATE SIGNED <u>8/3/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/4/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-4-1954</u>	REGISTRAR'S SIGNATURE <u>Armede Tucker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Funeral Home</u>	ADDRESS <u>Fredericktown, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FREDERICKTOWN, MD.
DECEMBER
1954
FILE NO. 834-44

OCT 5 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 *Charles McLeary*

Licensed Embalmer No. 4852

P. O. Address *Fredricktown, Md.*

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.