

FILED JUN 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19390
103

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| BIRTH NO. | | REG. DIST. NO. 200 | | PRIMARY REG. DIST. NO. 3041 | | Registrar's No. 103 | | | |
| 1. PLACE OF DEATH a. COUNTY Macon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY Macon | |
| b. CITY (If outside corporate limits, write RURAL and give township) Macon | | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN Macon | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) 508 Madison | | | | 861/0 | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) IDA | | b. (Middle) BELLE | | c. (Last) LAMB | | 4. DATE OF DEATH (Month) (Day) (Year) 6 1 1955 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | | 8. DATE OF BIRTH Nov. 20, 1883 | | 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 6 IF UNDER 6 HRS. Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office work | | | 10b. KIND OF BUSINESS OR INDUSTRY Book Kepper | | 11. BIRTHPLACE (City and State or Foreign Country) Macon Co. Mo. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Marion Lamb | | | 13b. MOTHER'S MAIDEN NAME Lucretia Polson | | | 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) No | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.H. Lamb Huntsville, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arteriosclerosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocarditis + Fibrillation</i> DUE TO (c) <i>H221</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH years <i>6 mo.</i> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Kidney insufficiency</i> | | | | | | 6 mo | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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 <i>Jan</i> , 1950, to <i>May 30</i> , 1955, that I last saw the deceased alive on <i>May 30</i> , 1955, and that death occurred at <i>1:00 P.M.</i> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Donald E Eggliester M.D.</i> | | | | 23b. ADDRESS <i>Macon, Missouri</i> | | | 23c. DATE SIGNED <i>9 June 55</i> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>6/3/1955</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Salem</i> | | 24d. LOCATION (City, town, or county) (State) <i>Excelsio, Missouri</i> | | | |
| DATE REC'D BY LOCAL REG. <i>6/10/55</i> | | REGISTRAR'S SIGNATURE <i>Walter Mcneely</i> | | 195 | | 2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>R. Lester Bram Macon, Mo.</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6.16.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 6.55.89
Date Filed 6.17.55

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.....
R. Lester Bran

Licensed Embalmer No.....
44

P. O. Address...*Macon*

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.