

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23282**

**FILED AUG 3 - 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **102** PRIMARY REG. DIST. NO. **5416** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Dunklin</b> b. CITY OR TOWN <b>Arbyrd</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lamastus residence</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b> c. CITY OR TOWN <b>Arbyrd</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>0320</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Edith</b> b. (Middle) <b>Mae</b> c. (Last) <b>Lamastus</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 15, 1956</b>
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<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 21, 1912</b>	<b>9. AGE</b> (In years last birthday) <b>44</b>	<b>10. UNDER 1 YEAR</b> (Months) <b>4</b>	<b>11. UNDER 24 HRS.</b> (Days) <b>20</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <input checked="" type="checkbox"/>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Alton, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Harrison Capps</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Hda Cagle</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Thomas Lamastus</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give way or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Thomas Lamastus, Arbyrd, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cancer of left kidney</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b>   YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>180x</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 7-15, 1956, that I last saw the deceased alive on 7-10, 1956, and that death occurred at 4:00 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>W. W. English M.D.</b>	<b>23b. ADDRESS</b> <b>Cardwell Mo</b>	<b>23c. DATE SIGNED</b> <b>7-19-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>7/16/56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Lulu Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Denair, Mo. RT</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>8-3-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Hyde A. Bridges</b>	<b>25. GENERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Howard Funeral Home, Leachville, Ark.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *H. H. Howard*

Licensed Embalmer No. *3959*

P. O. Address *Leachville, Va.*

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.