

# No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25728

State File No. ....

FILED JUL 18 1956

BIRTH NO. ....		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>4504</u>		Registrar's No. <u>16</u>			
1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ROLLINGER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ADVANCE</u>		c. LENGTH OF STAY (If in this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-WAYNE TWP</u>		d. STREET ADDRESS (If rural, give location) <u>STURDIVANT, MO. 6090</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MASTERS-MERRILL CLINIC</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAE</u>		b. (Middle) <u>AGNES</u>		c. (Last) <u>LAMB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29, 1956</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT 24, 1919</u>			
9. AGE (In years last birthday) <u>36</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BERNIE, MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>ORA BECKER</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA CRAFT</u>		14. NAME OF HUSBAND OR WIFE <u>WOODROW LAMB</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Woodrow Lamb Sturdivant, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septic membranes in 7 mo. pregnancy</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		6786			
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 <u>June 24, 1956</u> , to <u>June 29, 1956</u> , that I last saw the deceased alive on <u>June 28, 1956</u> and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <u>E. C. Masters</u>				23b. ADDRESS <u>No. 2 Advance, Mo.</u>		23c. DATE SIGNED <u>June 30, 56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/1/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BERNIE CEMETARY</u>		24d. LOCATION (City, town, or county) (State) <u>BERNIE, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>7/2/56</u>		REGISTRAR'S SIGNATURE <u>Bessie Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mr. L. S. Morgan, Jr. Advance</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

770.

**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 *William H. Morgan* \_\_\_\_\_

Licensed Embalmer No. *4640* \_\_\_\_\_

P. O. Address *Advocate, 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.