

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1956

25862

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville 00130 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O.H.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 615 W. Filmore St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Nathan Middle W. Last Lamb			4. DATE OF DEATH Month Aug. Day 21, Year 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2, 1878
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 7 Days 18 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Davis County, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Byron Lamb	
14. MOTHER'S MAIDEN NAME Hannah Enlow		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No X	
16. SOCIAL SECURITY NO. X		17. INFORMANT Address Mrs. Beulah Lamb, Kirksville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Typhemia DUE TO (b) metastatic carcinoma - general DUE TO (c) carcinoma of prostate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 1 week 6 mo 3 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		177X	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour 1:30 Month Aug. Day 21 Year 1956 a. m. 1:30 p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from July 13 1956 to Aug 21 1956 and last saw him alive on Aug 21 1956 . Death occurred at 1:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. J. K. [Signature]		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 8-22-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/24/56	23c. NAME OF CEMETERY OR CREMATORY Glenwood Cemetery	23d. LOCATION (City, town, or county) (State) Glenwood, Mo.
24. FUNERAL DIRECTOR [Signature] ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 8-23-56	26. REGISTRAR'S SIGNATURE Kate Lambert

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Samuel E Hayes*.....

Licensed Embalmer No. *48*

P. O. Address *Kirkville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.