

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30053**

FILED OCT 1 - 1956

BIRTH NO. **49154-56** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **437**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY OR TOWN POPLAR BLUFF	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) #1 MO.		e. STREET ADDRESS (If rural, give location) 01271	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) BILLIE b. (Middle) LYNN c. (Last) LAMB			4. DATE OF DEATH (Month) (Day) (Year) 7-30-56		
5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH 6-29-56	9. AGE (In years last birthday) 0	10. MONTHS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ADVANCE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Woodrow Lamb	13b. MOTHER'S MAIDEN NAME AGNES BECKER	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give year or date of service) NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Woodrow Lamb	ADDRESS Poplar Bluff, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atelectasis		
	DUE TO (c) Tracheo-Bronchitis of Unknown Origin		
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **June 30, 1956**, to **July 30, 1956**, that I last saw the deceased alive on **July 30, 1956**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. Sewell	(Degree or title) D.O.	23b. ADDRESS 25 S. Spanish Cape Girardeau, Mo	23c. DATE SIGNED Sept. 15, 1956
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24a. BURIAL / CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-31-56	24c. NAME OF CEMETERY OR CREMATORY BERNIE Cemetery	24d. LOCATION (City, town, or county) (State) BERNIE, MO.
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DATE REC'D BY LOCAL REG. E-26-53	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE D. J. Sewell	ADDRESS Bernie, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-0

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 *Raymond L. Duffie*.....

Licensed Embalmer No. *4798*.....

P. O. Address *Berrie, N*.....

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.