FILED SEP 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31747
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 243

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 610 No Buchanan — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly 0883 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 610 No Buchanan — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Ezra Middle H Last Lampson
4. DATE OF DEATH Month Sep. Day 1st Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Mch 20-1883
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ill
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John T. Lampson
14. MOTHER'S MAIDEN NAME Laura E. Caldwell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 444-16-1827
17. INFORMANT Address Mrs. Ola Lampson, Moberly, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Colon (Gastro-Enterodony - July 6/56)
INTERVAL BETWEEN ONSET AND DEATH P 2023 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 153x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ✓
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year ✓
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug. 13/56, to Sept. 1/56 and last saw ~~her~~ him alive on Sept 1st/56
Death occurred at 9 Pm. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. L. E. Huber, MD
22b. ADDRESS Moberly, Mo
22c. DATE SIGNED 9/4/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-3-56
23c. NAME OF CEMETERY OR CREMATORY Oakland
23d. LOCATION (City, town, or county) (State) Moberly, Mo

24. FUNERAL DIRECTOR ADDRESS Mahan & Son, Moberly, Mo
25. DATE RECD. BY LOCAL REG. 9/3/56
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond F. Hoemann

Licensed Embalmer No. 4266

P. O. Address Mobile, A

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