

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35787

STATE FILE NUMBER

318

1003

8655

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Gilman City, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>			Length of stay in 1b <b>27 days</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <b>First Wallace Middle Hugh Last Lamb</b>				4. DATE OF DEATH <b>Month Sept. Day 16, Year 1956</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 19, 1910</b>		9. AGE (In years (last birthday)) <b>45</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Baptist Church</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					
13. FATHER'S NAME <b>John Lamb</b>				14. MOTHER'S MAIDEN NAME <b>Nettie Elkins</b>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>499-18-1557</b>		17. INFORMANT Address <b>Bertha Lamb, Gilman City, Mo.</b>								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> <b>Coronary atherosclerosis</b> DUE TO (b) _____ DUE TO (c) _____ 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Infarct of brain and spleen</b>										INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>			
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 Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 <b>Sept. 10, 1956</b> to <b>Sept. 16, 1956</b> and last saw her <b>Sept. 14, 1956</b> Death occurred at <b>9:00 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Carl H. Hoppe</b>				22b. ADDRESS <b>7200 49552 Maryland</b>				22c. DATE SIGNED <b>10 29 56</b>					
23a. BURIAL, CREMATION, REMOVAL			23b. DATE <b>9-17-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Berlin Cemetery</b>			23d. LOCATION (City, town, or county) <b>Berlin, Mo.</b>		(State)			
24. FUNERAL DIRECTOR <b>Albert H. Hoppe, 4700 Washington</b>				ADDRESS				25. DATE RECD. BY LOCAL REG. <b>SEP 19 1956</b>		26. REGISTRAR'S SIGNATURE <b>Carl H. Smith Mo</b> <b>mxb</b>			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

627 100

41 8 15

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: *Robert M. Murray*

Licensed Embalmer No. *374*

P. O. Address *St. Louis*

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.