

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39011**

FILED DEC 5 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Dillon twp</b>		c. CITY OR TOWN <b>Rural Dillon twp</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		e. STREET ADDRESS (If rural, give location) <b>08100</b>	

3. NAME OF DECEASED (Type or Print) <b>Jay</b>	a. (First)	b. (Middle) <b>B.</b>	c. (Last) <b>Lamb</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 24 1956</b>
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5. SEX <b>White</b>	6. COLOR OR RACE <b>Male</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug 1, 1922</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Month <b>5</b> Day <b>23</b>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sedan, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Loren Lamb</b>	13b. MOTHER'S MAIDEN NAME <b>Blanche Robinson</b>	14. NAME OF HUSBAND OR WIFE <b>Ruby Lamb</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>W. W. 2&amp;Korean 511-26-3997</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Lamb</b>	ADDRESS <b>St. James, Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Left Lung</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Infection, Tuberculosis</b> DUE TO (c) <b>Infection</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>no</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>163x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>no</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>no no no</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>no</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>no</b>
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22. I hereby certify that I attended the deceased from **Oct 10, 1956**, to **Nov 24, 1956**, that I last saw the deceased alive on **Nov 24, 1956**, and that death occurred at **1:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. E. H. ...</b>	23b. ADDRESS <b>St James Mo</b>	23c. DATE SIGNED <b>11/24/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 27 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Licklider Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Crawford Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-27-56</b>	REGISTRAR'S SIGNATURE <b>Ruth A. Powell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Jesse Gahr - St James Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

179  
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RECEIVED

Phelps County Health Officer,

County File Number 589

Date Filed DEC 4 1956

DEC 5 1956

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 me....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed C. Jesse Gahr.....

Licensed Embalmer No. 4486.....  
200 So Meramec  
P. O. Address St. James, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.