THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021694
STATE FILE NUMBER

FILED JUN 17 1957

Registration District No. 172 Primary Registration District No. ~~4273~~ 5643 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY LAFAYETTE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREEDOM — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN 0540 Concordia — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 60 Ft. North of Concordia, Mo — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 60 Ft North of Concordia Mo — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: FRED	Middle: ERNEST	Last: LAMPE	4. DATE OF DEATH	Month: June Day: 10 Year: 1957
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug. 18, 1902	9. AGE (In years last birthday): 54	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): HOTEL OWNER	10b. KIND OF BUSINESS OR INDUSTRY: HOTEL	11. BIRTHPLACE (City and state or country): Concordia, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: FRITZ LAMPE	14. MOTHER'S MAIDEN NAME: LENA DITTMER				
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.: 497-36-6207	17. INFORMANT: Mrs. F. E. Lampe	Address: Concordia, Mo		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Occlusion	—
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	—
DUE TO (c)		—

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): — 4201

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 June 1, '57, to June 10, '57 and last saw ~~her~~ him alive on June 10, '57. Death occurred at 3:20 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edmund Lisack MD.	22b. ADDRESS: Concordia, Mo.	22c. DATE SIGNED: 6/10/57
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 6-12-57	23c. NAME OF CEMETERY OR CREMATORY: BETHEL CEMETERY
23d. LOCATION (City, town, or county): CONCORDIA	(State): MO	
24. FUNERAL DIRECTOR: E. S. James	ADDRESS: Concordia Mo.	25. DATE RECD. BY LOCAL REG.: 6-12-57.
26. REGISTRAR'S SIGNATURE: Morris D Baily		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

43

JUL 3 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 20-

P. O. Address.....

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.