

Health, Welfare, Public Service

300
-56

ALL diseases in Part I must be causally related. Coroner cannot certify to a death, due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their report. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 12 1957

25509
STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Granby		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Granby Community			Length of stay in lb Five days		d. STREET ADDRESS None (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mary Middle Alice Last Lampkins				4. DATE OF DEATH Month July Day 30 Year 1957					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 22, 1879		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 7 Days 13 Hours 00 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Barry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME William Birkas				14. MOTHER'S MAIDEN NAME Virginia Waller					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-20-4113		17. INFORMANT Mrs. Lutha Glasscock Miller, Mo. Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema							INTERVAL BETWEEN ONSET AND DEATH 2 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypostatic pulmonary congestion					5 days		
		DUE TO (c) Wrenched back					5 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 21							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input checked="" 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.) Fell in bathroom						
20c. TIME OF INJURY Hour 2:00 Month JULY Day 25 Year 1957									
20d. INJURY OCCURRED. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) At home		20f. CITY, TOWN, OR LOCATION Granby		COUNTY Newton		STATE Mo.	
21. I attended the deceased from July 25, 1957 to July 30, 1957 and last saw her alive on 7/30/57 Death occurred at 6:07 p m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) Chas O. Chester				22b. ADDRESS D.O. Granby, Mo.		22c. DATE SIGNED 7/31/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-4-1957	23c. NAME OF CEMETERY OR CREMATORY Muncie Cemetery			23d. LOCATION (City, town, or county) (State) Wheaton, Missouri			
24. FUNERAL DIRECTOR Floyd E. Shewmake Jr.				ADDRESS Granby, Mo		25. DATE RECD. BY LOCAL REG. Aug. 2 1957		26. REGISTRAR'S SIGNATURE M. B. Young	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton
District File Number 856-177
Date Filed AUG 5 1957

AUG 13 1957

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

Floyd E. Shewmabe

Licensed Embalmer No. 49

Box 58 Danby,
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.