

Public Service

FILED SEP 3 1957

STANDARD CERTIFICATE OF DEATH

57 0 27 59 77 STATE REGISTER NUMBER REGISTRAR'S No. 932

Registration District No. 42 Primary Registration District No. 4053

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY De Kalb c. FULL NAME OF HOSPITAL OR INSTITUTION 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Buchanan c. CITY OR TOWN De Kalb d. STREET ADDRESS

3. NAME OF DECEASED Fannie May Lamar 4. DATE OF DEATH Aug 15 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED WIDOWED 8. DATE OF BIRTH March 21 1878 9. AGE 79

10a. USUAL OCCUPATION Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE Buchanan Co, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Willis Sampson 13b. MOTHER'S MAIDEN NAME Susan Wilson 14. NAME OF HUSBAND OR WIFE James T Lamar (De)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Delbert Lamar, De Kalb, Mo.

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Arteriosclerosis DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK

20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION De Kalb Mo

21. I attended the deceased from Jan 1951 to July 1957 and last saw her alive on July 17 1957

22a. SIGNATURE J. L. Tolsoning D.O. Weston 22b. ADDRESS 22c. DATE SIGNED 8-16-57

23a. BURIAL, CREMATION REMOVAL (Specify) 23b. DATE 8-17-57 23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery De Kalb Mo 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. Aug 26 1957 26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton

(License Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John E. Rupp*
Licensed Embalmer No. *3986*
P. O. Address *St. Joseph*

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.