

FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28438**

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **4239** Registrar's No. **166**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Lee's Summit	c. LENGTH OF STAY (In this place) 55 yrs	c. CITY OR TOWN Lee's Summit	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 103 East Orchard		e. STREET ADDRESS (If rural, give location) 103 East Orchard	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Strother c. (Last) Lamb			4. DATE OF DEATH (Month) (Day) (Year) August 12, 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 18, 1902	9. AGE (In years last birthday) 55	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) Butcher		10b. KIND OF BUSINESS OR INDUSTRY Meat Processing		11. BIRTHPLACE (City and State or Foreign Country) Lee's Summit, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Lamb	13b. MOTHER'S MAIDEN NAME Mary Gary	14. NAME OF HUSBAND OR WIFE Reatha Lamb
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.	16. SOCIAL SECURITY NO. 497-14-1789	17. INFORMANT'S SIGNATURE OR NAME Reatha Lamb	ADDRESS 103 E. Orchard, Lee's Summit, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 7 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 23, 1957** to **Aug 12, 1957**, that I last saw the deceased alive on **Aug 12, 1957**, and that death occurred at **10:45 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clint Miller M.D.	23b. ADDRESS Lee's Summit Mo	23c. DATE SIGNED 8/13/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 14, 1957	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery	24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri
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DATE REC'D BY LOCAL REG. Aug 16-1957	REGISTRAR'S SIGNATURE D. B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE Langford Funeral Home	ADDRESS Lee's Summit
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(Revised Embalmer's Statement on Reverse Side)

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

EX 3
03

Mo.

AUG 26 1957
FEB 20 1958

AUG 20 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 *D. B. Langford*.....
Licensed Embalmer No. *496*
P. O. Address *Lee's Summit*.....

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.