FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28579
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg, Inside Limits Yes Yes No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center Length of stay in this 18 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg, 0510 Inside Limits Yes Yes No ☐
d. STREET ADDRESS (If outside, give location) 417 North Mulbury Reside on Farm Yes ☐ No ☐ No

3. NAME OF DECEASED (Type or print) First ALICE Middle Last LAMB
4. DATE OF DEATH Month Day Year August 16th. 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH December, 8, 1871
9. AGE (In years last birthday) 85 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) House wife.
10b. KIND OF BUSINESS OR INDUSTRY home.
11. BIRTHPLACE (City and state or country) Johnson County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Ellis
14. MOTHER'S MAIDEN NAME Emma Tavener
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mr. Kenneth Lamb, Warrensburg, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Arteosclerosis — INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Fracture of hip & humerus 4500 F
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 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 8-2-57, to 8-16-1957 and last saw her alive on 8-16-57
Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Lee Cooper (Degree or title) M.D.
22b. ADDRESS Warrensburg, Missouri
22c. DATE SIGNED 8-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-18-1957
23c. NAME OF CEMETERY OR CREMATORY Ellis Cemetery,
23d. LOCATION (City, town, or county) (State) Johnson County, Missouri

24. FUNERAL DIRECTOR ADDRESS R.A. Brauninger, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG. Aug. 19, 1957
26. REGISTRAR'S SIGNATURE Savannah Cutterfield

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

diseases in

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R A Brauninger

Licensed Embalmer No. 3

P. O. Address Warrenst

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.