

Health, Inc., & Welfare J. S. Public Health Service

STANDARD CERTIFICATE OF DEATH

43903 STATE FILE NUMBER

FILED DEC 17 1957

Registration District No. 96 Primary Registration District No. 5348 Registrar's No. 100

V. S. 300 Rev. 1-57

1. PLACE OF DEATH a. COUNTY DALLAS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Dallas		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISBURG RR		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Louisburg RR		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 85		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LINNIAL L LAMUN			4. DATE OF DEATH Month Day Year 12-3-1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-10-1892	9. AGE (In years last birthday) 65	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) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and state or country) Dallas Co Mo	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sherman Lamun		13b. MOTHER'S MAIDEN NAME Nora		14. NAME OF HUSBAND OR WIFE Hattie Lamun	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 7955	17. INFORMANT Address Mrs. Hattie Lamun No RR		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Died without medical attention 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)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Mrs. Grace Petree, M.R.			22b. ADDRESS Buffalo, Mo		22c. DATE SIGNED 12/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-5-1957	23c. NAME OF CEMETERY OR CREMATORY Lindley		23d. LOCATION (City, town, or county) (State) Dallas Co Mo	
24. FUNERAL DIRECTOR ADDRESS L S Jones Buffalo		25. DATE REC'D. BY LOCAL REG. 12/16/57	26. REGISTRAR'S SIGNATURE Mrs. Grace Petree		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

80

by JP

DEC 30 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 *Leonard B. Jones*

Licensed Embalmer No. *2508*

P. O. Address *Buffalo Mo*

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.