

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017023

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 333

Primary Registration District No. 6147

Registrar's No. 73

300
1-57

000

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) Bertrand 6147 OR TOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Bertrand 1000 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Route 1 HOSPITAL OR INSTITUTION Length of stay in 1b 18 yrs.		d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Robert Middle - Last Lampkin			4. DATE OF DEATH Month April Day 20 Year 1958		
--	--	--	---	--	--

5. SEX Male 2	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> Married <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1915	9. AGE (In years last birthday) 42 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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Tunica, Miss.	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	---

13a. FATHER'S NAME Will Lampkin	13b. MOTHER'S MAIDEN NAME Elizabeth Stevenson	14. NAME OF HUSBAND OR WIFE Bertha Lampkin
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No (If yes, give war or dates of service))	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Bertha Lampkin, R. 1, Bertrand, 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) Shot in abdomen with 12 gauge shot gun.		INTERVAL BETWEEN ONSET AND DEATH 0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 976 X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self-Inflicted
--	---

20c. TIME OF INJURY Hour about 1 Month 4 Day 20 Year 58 a.m.
--

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.) Field on Farm	20f. CITY, TOWN, OR LOCATION Rt. 1 Bertrand COUNTY Scott STATE Mo
---	---	--

21. I attended the deceased from First call after death and last saw her/him alive on _____ Death occurred at about 1 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) Helma C. Buckthorpe, M.A. Health Off. ccr	22b. ADDRESS Benton Mo	22c. DATE SIGNED 4-24-58
---	-------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
---	---------------------------------	--	--

24. FUNERAL DIRECTOR L. R. Sparks ADDRESS Charleston, Mo.	25. DATE REC'D. BY LOCAL REG. 4-29-58	26. REGISTRAR'S SIGNATURE Mrs. Ellet Hunter
---	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED MAY 5 1958

SCOTT CO. HEALTH DEPT.

CO. FILE NO. 558-108

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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address

Case Henderson

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.