

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021578

STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 638

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution, give name) a. STATE North Carolina COUNTY Durham	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Durham	
c. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners		d. STREET ADDRESS 308 Markham Street	
3. NAME OF DECEASED (Type or print) First Herman Middle (none) Last Lamm		4. DATE OF DEATH Month June Day 18 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 22, 1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) automobile painter		10b. KIND OF BUSINESS OR INDUSTRY automobile repair	11. BIRTHPLACE (City and state or country) Wendell, North Carolina
13a. FATHER'S NAME Vadie (none) Lamm		13b. MOTHER'S MAIDEN NAME Hetsay (unknown) Lamm	14. NAME OF HUSBAND OR WIFE Helen Lamm (deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes 1-21-41 to 8-7-45		16. SOCIAL SECURITY NO. unknown	17. INFORMANT files, MCFP, Springfield, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			3 1/2 years
DUE TO (c) -----			4200
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. The Medical Staff Dec 6, 1956 Jun 18, 1958 and last saw him alive on June 18, 1958 Death occurred at 9:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clarence Hooker, M.D.		22b. ADDRESS Medical Center for Federal Prisoners, Springfield	22c. DATE SIGNED June 19, '58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-19-58	23c. NAME OF CEMETERY OR CREMATORY unknown	23d. LOCATION (City, town, or county) (State) Durham, North Carolina
24. FUNERAL DIRECTOR AYRE-GOODWIN		25. DATE RECD. BY LOCAL REG. 6-19-58	26. REGISTRAR'S SIGNATURE Effie G. Mellon

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 _____

Gene C. Hunter
Licensed Embalmer No. 4739
P. O. Address Springfield

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.