

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013757

STATE FILE NUMBER

FILED APR 23 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 204

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Joplin</u> <u>0495</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Freeman</u>		Length of stay in lb <u>59 years</u>	d. STREET ADDRESS (If outside, give location) <u>1501 Jackson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Calvin Lamb</u>			4. DATE OF DEATH Month Day Year <u>April 7, 1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 26, 1976</u>
9. AGE (In years (last birthday)) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Union Oyster Co.</u>	11. BIRTHPLACE (City and state or country) <u>Rudy, Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>E. Lamb</u>	13b. MOTHER'S MAIDEN NAME <u>Arzella Coleman</u>
14. NAME OF HUSBAND OR WIFE <u>Iva Joan Lamb</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-01-2980</u>
17. INFORMANT <u>Iva Joan Lamb</u>		Address <u>Joplin, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Candida Albicans Superimposed</u> 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 <u>2 days</u> <u>Unknown</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>1343</u>	
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.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-28-51</u> to <u>4-7-59</u> and last saw ^{him} alive on <u>4-7-59</u> Death occurred at <u>8:30 Am</u> <u>11-7-59</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Alvin H. Wilson MD.</u>		22b. ADDRESS <u>1923 Largent</u>	
22c. DATE SIGNED <u>4-9-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 9, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
24. FUNERAL DIRECTOR <u>Thornhill-DiBlon</u>		ADDRESS <u>Joplin, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>4-17-1959</u>
			26. REGISTRAR'S SIGNATURE <u>Noel Merriam</u>

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 *Robert C. Keller*

Licensed Embalmer No. *5062*

P. O. Address *Joplin, 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.