

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016645
STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 110

300
-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Centralia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in 1b 5 days	d. STREET ADDRESS (If outside, give location) 608 S. Allen Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ethel Middle A. Last Lamb			4. DATE OF DEATH Month May Day 27 Year 1959		
5. SEX Female	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 June 30, 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 10 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lynch, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nicholas White		13b. MOTHER'S MAIDEN NAME McDonald		14. NAME OF HUSBAND OR WIFE George W. Wamb	
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. 506-09-9482		17. INFORMANT Address George W. Lamb, Centralia, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the liver.		INTERVAL BETWEEN ONSET AND DEATH 6 months
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 1561		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. INJURY OCCURRED WHILE AT <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 Centralia		COUNTY	STATE
21. I attended the deceased from 22 May 1959 to 27 May 1959 and last saw her ^{her} _{home} alive on 26 May 1959 Death occurred at 12:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) L. Lachance, M. D., L. Lachance, M.D.		22b. ADDRESS Centralia, Missouri		22c. DATE SIGNED 5-27-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 30, 1959	23c. NAME OF CEMETERY OR CREMATORY Church of Little Flower		23d. LOCATION (City, town, or county) (State) Leshera, Nebraska
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24. FUNERAL DIRECTOR Paul G. Meador		ADDRESS Centralia, Missouri	25. DATE RECD. BY LOCAL REG. May 27-1959	26. REGISTRAR'S SIGNATURE Blenche Neely	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

JUN 1 1959

JUN 2 4 1959

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 *Bill J. Meador*

Licensed Embalmer No. *4876*

P. O. Address *Centralia, Mass*

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.