

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 31 1959

59-028639

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 184

DEED

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Franklin</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Franklin</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Washington</b>                                     |  | Length of stay in 1b<br><b>1 day</b>  | c. CITY OR TOWN <b>St. Johns twp. Krakow</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>             |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>                    |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>R.F.D. 2 (Wash.)</b>   |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>ALOYS JOHN LAMKE</b>  |  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>August 27, 1959</b>   |   |   |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/6/1907</b>  | 9. AGE (last birthday)<br><b>52 yrs.</b>                              | IF UNDER 1 YEAR<br>Months <b>3</b> Days <b>21</b>                                     |
| IF UNDER 24 HR<br>Hours <b>-</b> Min. <b>-</b>   | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machine operator</b> |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Metal Products</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Krakow, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |
| 13a. FATHER'S NAME<br><b>John Lamke</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Holtmeyer</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>- - - - -</b>                       |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes.</b> |  | 16. SOCIAL SECURITY NO.<br><b>495-30-9978</b>   | 17. INFORMANT<br>Address<br><b>Albert Lamke, Washington, R 2</b>   |   |   |

|  |            |  |
|--|------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Amphotropic lateral sclerosis</b> |            | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr.</b>   |
| 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)                                    |            | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |  |                                  |                                   |  |  |
|---|--|----------------------------------|-----------------------------------|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>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.) |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br><b>1:11</b>  | Month, Day, Year<br><b>4-1-59</b>  |                                  |                                   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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. I attended the deceased from 4-1-59 to 8-27-59 and last saw her/him alive on 8-27-59  
Death occurred at 4:50 p.m. CST. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                  |  |   |   |                                    |
|---|----------------------------------|--|---|---|------------------------------------|
| 22a. SIGNATURE<br><b>B. M. Stuhlman M.D.</b>                  |                                  | (Degree or title)  | 22b. ADDRESS<br><b>Union, Mo</b>                        |   | 22c. DATE SIGNED<br><b>8-28-59</b> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>    | 23b. DATE<br><b>Aug 31, 1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Gertrude Cem.</b> | 23d. LOCATION (City, town, or county)<br><b>Krakow,</b> | (State)<br><b>Mo.</b>                           |                                    |
| 24. FUNERAL DIRECTOR<br><b>Henry W. Otto, Washington, Mo.</b> |                                  | ADDRESS  | 25. DATE RECD. BY LOCAL REG.<br><b>8/29/59</b>          | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i> |                                    |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 SEP 1

MS  
SEP 1 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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.