

PURVEYOR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036613

FILED VS OCT 20 1959

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 489

AMENDED

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>NEWTON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>	Length of stay in lb <b>ALWAYS</b>	c. CITY OR TOWN <b>RURAL</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RT. 5, BOX 222, JOPLIN, MO.</b>	

3. NAME OF DECEASED (Type or print) First <b>WILBUR</b> Middle Last <b>LAMB</b>			4. DATE OF DEATH <b>OCTOBER 7, 1959</b> Month Day Year		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-1-1910</b>	9. AGE (last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOOD INSPECTOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CITY HEALTH DEPT.</b>	11. BIRTHPLACE (City and state or country) <b>JOPLIN, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HARVEY LAMB</b>	13b. MOTHER'S MAIDEN NAME <b>ORA BRIZENDING</b>	14. NAME OF HUSBAND OR WIFE <b>DOROTHY NORMAN LAMB</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UN K</b>	17. INFORMANT Address <b>MRS. DOROTHY LAMB, RT. 5, JOPLIN</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Posterior Myocardial Infarction, acute 4 1/2 hrs</b>		INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from <b>Oct 7, 1959</b> to <b>Oct 7, 1959</b> and last saw <sup>her</sup> him alive on <b>Oct 7, 1959</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Robert K. Kelleher MD</b>	22b. ADDRESS <b>304 Medical Arts Bldg Joplin Missouri</b>	22c. DATE SIGNED <b>10-9-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10-10-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE MEMORIAL,</b>	23d. LOCATION (City, town, or county) (State) <b>JOPLIN MISSOURI</b>
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24. FUNERAL DIRECTOR ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>10-15-1959</b>	26. REGISTRAR'S SIGNATURE <b>Abner Merriam</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 18 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 F. M. Jones

Licensed Embalmer No. 2319

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.