

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 7 3 5

FILED VS. DEC 28 1959 82

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 188

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Length of stay in 1b 30 Yrs.		c. CITY OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 409 1/2 -- 4th. St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clelland Middle V. Last Lamm				4. DATE OF DEATH Month December Day 22 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH Jan. 2" 1921	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months 38 Days	IF UNDER 24 HR Hours 38 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Retail Store		11. BIRTHPLACE (City and state or country) Wooldridge, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Clay Lamm			13b. MOTHER'S MAIDEN NAME Adelia Johnson			14. NAME OF HUSBAND OR WIFE ----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War 2			16. SOCIAL SECURITY NO. 496-05-2644		17. INFORMANT Clay Lamm, Boonville, Mo. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinosis of Liver						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pancreatitis						2 yrs	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) carcinosis of liver from alcoholism						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	
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.)			
20c. TIME OF INJURY Hour 5:10 a.m. Month, Day, Year Dec 22, 1959	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) F.	20f. CITY, TOWN, OR LOCATION Boonville Mo	COUNTY	STATE		
21. I attended the deceased from Dec 22, 1959 to Dec 22, 1959 and last saw him alive on Dec 22, 1959 Death occurred at 5:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE TC Beckett md (Doctor or title)				22b. ADDRESS Boonville Mo		22c. DATE SIGNED 12-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 24" 1959	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove		23d. LOCATION (City, town, or county) Boonville, Mo.		(State)	
24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. A 12/24/59	26. REGISTRAR'S SIGNATURE Dee Hooper		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.