

**DUI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 045021

FILED VS JAN - 4 1960

280

Primary Registration District No.

Registrar's No. 84

STATE FILE NUMBER

MEMENDED

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Weston--Marshall Twn.</b> Length of stay in lb <b>81 years</b>		c. CITY OR TOWN <b>Weston</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>7 mile NE Weston</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>7 mile NE Weston</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>Joseph Lamar</b>			4. DATE OF DEATH Month Day Year <b>Dec. 17, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</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>7-29-78</b>
9. AGE (last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (City and state or country) <b>Weston, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Lewis L. Lamar</b>	
13b. MOTHER'S MAIDEN NAME <b>Carrie Beck</b>		14. NAME OF HUSBAND OR WIFE <b>Edith M. Cox</b>	
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>427-20-2X07 none</b>	17. INFORMANT Address <b>Joe W. Lamar Weston, Mo.</b>
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>Malnutrition: internal hemorrhage 6 mo. abdominal</b> DUE TO (b) <b>Carcinoma, sigmoid colon, extensive, metastasis</b> DUE TO (c) <b>XXXXXXXXXX</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral thrombosis, partial left sided paralysis</b>			PART III. if deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <b>XXXXXXXXXX</b>	
20c. TIME OF INJURY Hour a.m. <b>XXXXXXXXXX</b> Month, Day, Year <b>XXXXXXXXXX</b>	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 <b>Weston</b>	COUNTY <b>Platte</b> STATE <b>Misso</b>
21. I attended the deceased from <b>July, 27, 1959</b> to <b>Dec. 17, 1959</b> and last saw him alive on <b>Dec. 17, 1959</b> . Death occurred at <b>8 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS <b>Weston Mo.</b>	22c. DATE SIGNED <b>12/20/59</b>
23a. BURIAL, CREMATION, or other disposal (specify) <b>Burial</b>	23b. DATE <b>12-19-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Weston, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Vaughn Funeral Home Weston, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 4, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Thomas B Durdon</b>

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Md

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.