

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041381

LED VS
DED

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 171

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY: CITY PLATE COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE: MISSOURI b. COUNTY: PLATE COUNTY)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SMITHVILLE		Length of stay in 1b	c. CITY OR TOWN: CAMDEN POINT
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: SMITHVILLE, HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location): R.F.D.
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First: OLA Middle: MAY Last: LAMAR			4. DATE OF DEATH Month: NOVEMBER Day: 8 Year: 1960		
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5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: MAY 7, 1882	9. AGE (last birthday): 78	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): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY: HOME	11. BIRTHPLACE (City and state or country): NEW MARKET, MO	12. CITIZEN OF WHAT COUNTRY: U.S.A.
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13a. FATHER'S NAME: THOMAS J. SINGLETON	13b. MOTHER'S MAIDEN NAME: MARTHA STONE	14. NAME OF HUSBAND OR WIFE: THOMAS LAMAR
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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): No	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Records	Address:
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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) Uremia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Hypertension	
	DUE TO (c) Chronic Nephritis	

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour: a.m. p.m. Month, Day, Year
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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 2-25-1955 to 11-8-60 and last saw her alive on 11-7-60 Death occurred at 7 ⁰⁰ ₀₀ on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE: <i>[Signature]</i>	Address or title: Smithville Mo	22b. ADDRESS: Smithville Mo	22c. DATE SIGNED: 11-11-60
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23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: NOV. 10, 1960	23c. NAME OF CEMETERY OR CREMATORY: CAMDEN POINT CEMETARY PLATE CO. MO	23d. LOCATION (City, town, or county): PLATE CO. MO
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24. FUNERAL DIRECTOR: UR JOHN FUNERAL HOME	Address: Weston, MO	25. DATE RECD. BY LOCAL REG.: 11-11-60	26. REGISTRAR'S SIGNATURE: <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Use Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dale H. Martin

Licensed Embalmer No. 510

P. O. Address Weston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.