

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046710

FILED VS. DEC 21 1960 383

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 121

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R# 3 Mt. Vernon			Length of stay in 1b Life		c. CITY OR TOWN R#3 Mt Vernon		. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R# 3 Mt. Vernon			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R#3 Mt. Vernon		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ida Middle Auguste Last Lampe				4. DATE OF DEATH Month December Day 10 Year 1960			
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 July 13, 1883	9. AGE (last birthday) 77	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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Lawrence County		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Gottlieb Krueger			13b. MOTHER'S MAIDEN NAME Auguste Kolouisky			14. NAME OF HUSBAND OR WIFE John Lampe	
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.		17. INFORMANT Laura Lampe Address R#3 Mt. Vernon		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca of liver with metastases & Cholelithiasis DUE TO (b) Cholelithiasis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 yrs	
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	
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.)			
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	
21. I attended the deceased from 3/12/56 to 12/10/60 and last saw her alive on 9/10/60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE Lemeth Glaver MD (Degree or title)			22b. ADDRESS Mt Vernon Mo			22c. DATE SIGNED 12/2/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-13-60	23c. NAME OF CEMETERY OR CREMATORY Fristatt Cemetery			23d. LOCATION (City, town, or county) Fristatt Missouri		
24. FUNERAL DIRECTOR Oscar L. Marsh ADDRESS Aurora, Missouri			25. DATE RECD. BY LOCAL REG. 12-12-1960		26. REGISTRAR'S SIGNATURE H. D. Fossett		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 1960

MAR 6 1963

MAR 1 1963

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 Donavon Lakin, Student Embalmer No. 627

working under my personal supervision.

Student

Donavon Lakin
Signature of Student Embalmer

Signed

Oscar S. Marx

Licensed Embalmer No. 3812

P. O. Address Aurora, Miss

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.