MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-022027

STATE FILE NUMBER

AMENDED

Registration District No. 201 Primary Registration District No. 4370 Registrar's No. 124

FILED JUL 10 1961

1. PLACE OF DEATH
a. COUNTY Nodaway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clearmont — Length of stay in 1b 2 days

c. CITY OR TOWN Elmo — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallen Rest Home — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Cora Middle Etta Last Lamb

4. DATE OF DEATH Month June-24- Day Year 1961

5. SEX Female

6. COLOR OR RACE Wh

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 8-5-1879

9. AGE (last birthday) 81 — 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 General Housework

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY U S

13a. FATHER'S NAME John Campbell

13b. MOTHER'S MAIDEN NAME Margaret Ann House

14. NAME OF HUSBAND OR WIFE Melvin Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Elvin Lamb — Address Elmo, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute circulatory failure. — INTERVAL BETWEEN ONSET AND DEATH minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardiac asystole due to complete A.V. block. — sev yrw.

DUE TO (c) Arteriosclerotic heart disease. — Sev. yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Mitral stenosis, diabetes mellitus.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Jan 23, 1943, to Jun. 24, 61 and last saw her/him alive on Jun. 24, 1961

Death occurred at 6:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harvin Ford D.O.

22b. ADDRESS Elmo, Missouri

22c. DATE SIGNED Jun 28. 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6-27-1961

23c. NAME OF CEMETERY OR CREMATORY Six Corners

23d. LOCATION (City, town, or county) Elmo (State) Missouri

24. FUNERAL DIRECTOR Scott Tucker — ADDRESS Westboro, Missouri

25. DATE RECD. BY LOCAL REG. 7-3-61

26. REGISTRAR'S SIGNATURE Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Scott Tucker, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.