SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-037029

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5165

FILED OCT 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 13 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Baptist Memorial — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 7446 Grand — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: EDWARD Last: LAMB
4. DATE OF DEATH: Month 10 Day 15 Year 1961
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-1-98
9. AGE (last birthday): 63 — 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): Automatic Technician
10b. KIND OF BUSINESS OR INDUSTRY: Telegraph Co. Western Union
11. BIRTHPLACE (City and state or country): Markham, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S. A.
13a. FATHER'S NAME: Joseph Lamb
13b. MOTHER'S MAIDEN NAME: Thurza Frye
14. NAME OF ~~HUSBAND OR~~ WIFE: Julia Lamb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Julia Lamb, 7446 Grand, K.C.,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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atherosclerosis of coronary artery Indefin
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 Oct '55 to 6-9-61 and last saw her/him alive on 6-9-61
Death occurred at 11:20 P.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: John A. Griffith (Degree or title) MD — 22b. ADDRESS: 7446 Grand Kansas City Mo — 22c. DATE SIGNED: 10/16/61

John A. Griffith, MD

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct.16,1961
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Jacksonville Illinois
24. FUNERAL DIRECTOR ADDRESS: D.W.Newcomer'sSons,KansasCity,Mo. 1331 Brush Creek Blvd.
25. DATE RECD. BY LOCAL REG.: 10-16-61
26. REGISTRAR'S SIGNATURE: Ruth K. Long

(Licensed 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 by me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Marvin D. Pirest

Licensed Embalmer No. 5040

P. O. Address K. C., Mo

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