MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029528
STATE FILE NUMBER

Registration District No. 2995 Primary Registration District No. 6015 Registrar's No. 199

FILED AUG 9 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0880
2 0880
3
4 1
5 2
6
7 0
8 0
9 4201
10
11
12 860
13 20

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH

a. COUNTY: Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural—Salt Spring Twp. — Length of stay in 1b: 2 months

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Randolph

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

d. STREET ADDRESS (If outside, give location): Old Moberly Road — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Minnie Middle: I. Last: Lamb

4. DATE OF DEATH: Month: August Day: 3 Year: 1963

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7-8-1875

9. AGE (last birthday): 88 — 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: home

11. BIRTHPLACE (City and state or country): Randolph Co., Missouri

12. CITIZEN OF WHAT COUNTRY: United States

13a. FATHER'S NAME: Jacob Heifner

13b. MOTHER'S MAIDEN NAME: Susan Brock

14. NAME OF HUSBAND OR WIFE: William H. Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Joe Haines: Huntsville, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Hr

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

DUE TO (b): Arteio sclerosis — 10 yr

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 ☐

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 Feb 2, 1958 to Aug 2, 1963 and last saw her alive on Aug 2, 1963

Death occurred at 5 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. Dwyer MD

22b. ADDRESS: Huntsville, Mo.

22c. DATE SIGNED: 8/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 8-5-1963

23c. NAME OF CEMETERY OR CREMATORY: Huntsville Cemetery

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

24. FUNERAL DIRECTOR: Tom B. Patton — **ADDRESS**: Huntsville Mo

25. DATE RECD. BY LOCAL REG.: 8-6-63

26. REGISTRAR'S SIGNATURE: Odonna Patterson

(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_____ Signed Tom B. Patton

Signature of Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntsville

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).. MD.

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.