S. No. 300
v. 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 30 1952

State File No. 23587

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler Mt. Pleasant
c. LENGTH OF STAY (in this place): 77 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Butler Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Deepwater Twp
d. STREET ADDRESS (If rural, give location): 6 mi north of Appleton City

3. NAME OF DECEASED (Type or Print)
a. (First): Maud
b. (Middle): —
c. (Last): Lampkin

4. DATE OF DEATH (Month) (Day) (Year): July 21 1952

5. SEX: Fem
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 8. 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months —, Days 13; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeping
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Henry Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Oliver
13b. MOTHER'S MAIDEN NAME: Mary Martin
14. NAME OF HUSBAND OR WIFE: Cloud Lampkin

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Phillip Lampkin
ADDRESS: Montrose Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Starvation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Colon
DUE TO (c) with metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
153X

19a. DATE OF OPERATION: 1-20-52
19b. MAJOR FINDINGS OF OPERATION: Ca of Colon which has spread to vital areas
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1952, *to* July 21, 1952, *that I last saw the deceased alive on* July 21, 1952, *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Hanson
(Degree or title): MD
23b. ADDRESS: Butler Mo
23c. DATE SIGNED: 7-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24-52
24c. NAME OF CEMETERY OR CREMATORY: Appleton City Cem
24d. LOCATION (City, town, or county) (State): Appleton City Mo

DATE REC'D BY LOCAL REG.: July 23-52
REGISTRAR'S SIGNATURE: Kendall Kirby
25. FUNERAL DIRECTOR'S SIGNATURE: Frank Lee
ADDRESS: Appleton City Mo

(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, [redacted]

July 21-1959

working under my personal supervision.

Student Embalmer No.....

Signed W. L. Vansant

Signed.....
Student Embalmer

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

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 this body is not embalmed, fact should be so stated above.