

FILED JAN 8 1958

STANDARD CERTIFICATE OF DEATH

45198
STATE FILE NUMBER

Registration District No. 248 Primary Registration District No. 5842 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Seneca		c. CITY OR TOWN Seneca	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. E. of Seneca 10 yrs.		d. STREET ADDRESS (If outside, give location) 6 mi. E. of Seneca	
3. NAME OF DECEASED (Type or print) First John Middle Ambers Lampkin Last Eads		4. DATE OF DEATH Month Dec. Day 19, Year 1957	
5. SEX Male	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,
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 87
13a. FATHER'S NAME Sam Eads		13b. MOTHER'S MAIDEN NAME Polly Kendrick	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-Amer.		16. SOCIAL SECURITY NO. 432-24-2225	17. INFORMANT Address Mrs. Iva Hembree, rt 3, Neosho, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Influenza DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 480X			INTERVAL BETWEEN ONSET AND DEATH
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Dec 2, 1957 to Dec 19, 1957 and last saw her alive on Dec 19, 1957 Death occurred at 9:15 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mrs. Mendenhall, D.D.		22b. ADDRESS Seneca Mo.	
		22c. DATE SIGNED 12/27/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/21/57	
23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery		23d. LOCATION (City, town, or county) Newton County, Missouri	
24. FUNERAL DIRECTOR W. E. Biddleman		25. DATE RECD. BY LOCAL REG. 12-27-57	
ADDRESS Seneca Mo		26. REGISTRARS SIGNATURE Mrs. Irene Russell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED

Health Officer No. Newton

District File Number 1257-308

Date Filed DEC 30 1957

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 W. E. DeLorenzo

Licensed Embalmer No. 2174

P. O. Address Seneca Falls

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.