

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8387

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Norborne, Mo. Egypt</u>		c. LENGTH OF STAY (in this place) <u>167 Years</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>407. east 3rd street.</u>		e. STREET ADDRESS (If rural, give location) <u>407. east 3rd. street.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>L.</u> c. (Last) <u>Lam.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March, 12/1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October, 31/1865</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Own Farm.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer.</u>	11. BIRTHPLACE (City and State or Foreign Country) / <u>Rockingham County, Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Harvey Lam.</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sandy Lam.</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie F. Lam.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Erwin Edgar Lam</u> ADDRESS <u>Norborne, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease - mitral and aortic insufficiency</u>		<u>20 yrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized atherosclerosis</u>		<u>20 yrs.</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>410X</u>
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22. I hereby certify that I attended the deceased from 7-1-, 1940, to 3-12-, 1956, that I last saw the deceased alive on 3-12-, 1956, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph H. Haskell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Norborne, Mo.</u>	23c. DATE SIGNED <u>3-12-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/13/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wakendø Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>North Hardin, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>March 13-1956</u>	REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John & Dutch Jr</u> ADDRESS <u>Norborne, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

60

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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John H. Deitch, Jr.*.....

Licensed Embalmer No. *479*.....

P. O. Address *Nashua*.....

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.