

ARKANSAS STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
Registration District No. **635**Primary Registration District No. **3379**

STATE FILE NO.

11847

PLACE OF DEATH
a. COUNTY

Washington

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
a. STATE b. COUNTY

Missouri

Jasper

b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN
c. LENGTH OF STAY (in this place)
c. CITY (if outside corporate limits, write RURAL and give township) OR TOWNc. CITY (if outside corporate limits, write RURAL and give township) OR TOWN
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTIONc. CITY (if outside corporate limits, write RURAL and give township) OR TOWN
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION
Veterans Administration Hospitald. STREET ADDRESS
2226 T-101NAME OF DECEASED
(Type or Print)

a. (First)

b. (Middle)

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

LAMB

D.

LAMB

10

5

1955

5. SEX

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years. If Under 1 Year last birthday)

10. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. CAUSE OF DEATH

19. DATE OF OPERATION

20. MAJOR FINDINGS OF OPERATION

21. ACCIDENT BUICIDE HOMICIDE (Specify)

22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

23. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

24. TIME (Month) (Day) (Year) (Hour)

25. INJURY OCCURRED

26. HOW DID INJURY OCCUR?

27. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 6, 1955, to Oct. 5, 1955. SIGNATURE OF PHYSICIAN AND THAT DEATH OCCURRED AT 9:25 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE

28. SIGNATURE (Degree of Title)

29. ADDRESS

30. DATE SIGNED

31. BIRTHAL CREMATION REMOVAL (Specify)

32. DATE

33. NAME OF CEMETERY OR CREMATORY

34. LOCATION (City, town, or county) (State)

35. DATE REC'D BY LOCAL REG.

36. REGISTRAR'S SIGNATURE

37. FUNERAL DIRECTOR

38. ADDRESS

11-1-55

Pet & Eate

THORNHILL-DILLON JOPLIN, MO.

Joplin, Mo.

Joplin, Mo.

Joplin, Mo.

Joplin, Mo.

Joplin, Mo.

Joplin, Mo.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Carcinoma metastases and necrosis,

ANTECEDENT CAUSES

base of tongue and infratymoid region.

Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

20. AUTOPSY

YES NO

(STATE)

141X