

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23821

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If certification: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sarsawia</u>	
c. LENGTH OF STAY (in this place) <u>1 wk</u>		d. STREET ADDRESS (If rural, give location) <u>no</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John Hosp</u>			
3. NAME OF DECEASED a. (First) <u>Otis H.</u> b. (Middle) <u>Lambeth</u> c. (Last) <u>Lambeth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 - 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 19 - 1881</u>
9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>4</u> Day <u>7</u> IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (State or foreign country) <u>Osage Co, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>no</u>			
13a. FATHER'S NAME <u>Joseph Lambeth</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Stand</u>	14. NAME OF HUSBAND OR WIFE <u>L</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. <u>L</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <u>Cerebral hemorrhage</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No.</u>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____	
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>46</u> to <u>July 20</u> , 19 <u>50</u> that I last saw the deceased on the <u>2nd</u> of <u>July 20 1950</u> and that death occurred at <u>6 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter H. Jackson</u> (Degree or title) _____		23b. ADDRESS <u>Frisco Bldg., Joplin Mo</u>	23c. DATE SIGNED <u>2nd August 1 1950</u> (State) _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 22 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarsawia Cem</u>	24d. LOCATION (City, town, or county) <u>Sarsawia Mo</u>
DATE REC'D BY LOCAL REG. <u>8-3-50</u>	REGISTRAR'S SIGNATURE <u>Edw. James</u> _____	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson & Sons, Sarsawia Mo</u>	

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

0495

RECEIVED 8-7-50

Jasper County Health Office

County File Number 50-8-579

Date Filed 8-7-50

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.

Signed Wm K. Jackson

Signed _____
Student Embalmer

Licensed Embalmer No. 3495

P. O. Address Jasper 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.