

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27518**

FILED AUG 11 1953

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 142		
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Sup.		c. LENGTH OF STAY (In this place) 44-2-25		c. CITY (If outside corporate limits, write RURAL and give township) Crosser		0850		
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 3				d. STREET ADDRESS (If rural, give location) Rural				
3. NAME OF DECEASED (Type or Print) a. (First) Julia			b. (Middle) -		c. (Last) Lamberton		4. DATE OF DEATH (Month) (Day) (Year) 8-4-53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Month Days 07	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (City and State, or Foreign Country) Kennett Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Records State Hospital # 3				ADDRESS Nevada 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 5 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility					15 yrs	
		DUE TO (c)						
		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 331X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 6-17-1946 to 8-4-1953 , that I last saw the deceased alive on 8-4-1953 , and that death occurred at 9:45 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE J. Bunch M.D.				23b. ADDRESS State Hospital # 3		23c. DATE SIGNED 8-4-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 6 1953		24c. NAME OF CEMETERY OR CREMATORY State Hosp. Cemetery		24d. LOCATION (City, town, or county) (State) Nevada Missouri		
DATE REC'D BY LOCAL REG. 8-7-53		REGISTRAR'S SIGNATURE Anna E. Ferris		25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home		ADDRESS Nevada, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed *Melvin L. Jensen*
Licensed Embalmer No. 4529

P. O. Address Nevada, Missouri

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.