

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017567
STATE FILE NUMBER

FILED JUN 3 1959 Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 152

300
1-57

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iron		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Iron
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. W of Bellevue		Length of stay in lb 15 yrs.	d. STREET ADDRESS (If outside, give location) 2 mi. W of Bellevue
3. NAME OF DECEASED (Type or print) First PINK Middle Last LAMBERT		4. DATE OF DEATH Month May Day 26 Year 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 16 1878
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY handle mill	11. BIRTHPLACE (City and state or country) Fredericktown Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alexander Lambert	
13b. MOTHER'S MAIDEN NAME Mary Jane Hurt		14. NAME OF HUSBAND OR WIFE Lena Shrum Lambert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Dallas Lambert, Bellevue Mo.	
17. INFORMANT Address Dallas Lambert, Bellevue 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) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertrophy of Prostate DUE TO (c) 3 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 610X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 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 Mar 16 1959 to May 26 1959 and last saw her alive on Mar 16 1959 Death occurred at 4.35 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L.M. Stanley M.D.		22b. ADDRESS Harmonia Mo	
22c. DATE SIGNED 5/29/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-29-59	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park Ironton Mo.	
23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR ADDRESS White Funeral Home Ironton Mo.		25. DATE RECD. BY LOCAL REG. June 1 - 1959	
26. REGISTRAR'S SIGNATURE Mrs Elizabeth Logan			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Charles J. White*

Licensed Embalmer No. *3012*

P. O. Address *Donner's Ave*

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.