

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

21455
Do not use this space.

JUL 22 1940

1. PLACE OF DEATH
 (a) County Carter Registration District No. 143
 (b) Township Carter Primary Registration District No. 0205 Registered No. _____
 (c) or City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. 2 mos. 7 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 516 Shirley Mae Lambert
 (a) Residence, No. Van Buren, Carter Co., Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co., Mo.

FATHER 13. NAME Cecil Woodrow Lambert
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Midea Carter Co., Mo.

MOTHER 15. MAIDEN NAME Ruth Pyatt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co., Mo.

17. INFORMANT Sam Lambert
 (ADDRESS) Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE House's Creek Cemetery DATE March 8, 1940

19. FUNERAL DIRECTOR (NAME) Geo. Baker
 (ADDRESS) Van Buren

20. FILED 3/7/1940 McCollum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1940 to March 7, 1940
 I last saw her alive on March 6, 1940. Death is said to have occurred on the date stated above, at 4 a.m.
 The principal cause of death and related causes of importance were as follows:
Extreme Malnutrition
pneumonia

Date of onset 1-14-40
 ?

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Thelma Cotton Buckthorpe M. D.
 (Address) Van Buren, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

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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.....

....., Registered Apprentice No.....

RECEIVED
working under my personal supervision.

District Health Officer No. 5,

District File Number 740 780

Date Filed 7/1/40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

