

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27791**

**SEP 13 1940**

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 198

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

1. PLACE OF DEATH:

(a) County Adair Co  
(b) City or town Wicksville Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Green Smith  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME

CARRIE LAMBETH  
CARRIE LAMBETH

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

6. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 31 1869  
(Month) (Day) (Year)

8. AGE:

Years 72 Months 2 Days 30  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

Randolph Co (City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

FATHER {  
MOTHER {

12. Name J. M. Lea  
13. Birthplace North Carolina  
14. Maiden name Sarah Henderson  
15. Birthplace Masonia

16. (a) Informant

C. J. Lambeth  
(b) Address Clifton Hill Rd

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Sept 1 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill

18. (a) Signature of funeral director Tom B. Patton

(b) Address Wicksville Mo

19. (a) Aug 30/40  
(Date received local registrar)

(b) Spencer L. Freeman  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair  
(c) City or town Wicksville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Clifton Hill  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30  
year 1940 hour 3 minute 08 P.M.

21. I hereby certify that I attended the deceased from June 22nd, 1940, to Aug 30, 1940;  
that I last saw her alive on Aug 30, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death General debility from generalized carcinomatous of abdominal cavity  
Due to Probably from Ca of Ovary

Duration  
6 mos  
1 yr

Other conditions (Include pregnancy within 3 months of death) H9

Major findings:

Of operations Ascites of abdomen with carcinomatous involvement of both  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature George C. Starn (M. D. or other) MD  
Address Wicksville, Missouri Date signed 8-30-40

RECEIVED

District Health Officer No. 10

District File Number 9-40-1727

Date Filed SEP. 10, 1940

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.....

working under my personal supervision.

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.