V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38788

FILED DEC 12 1947

Registration District No. 170

Primary Registration District No. 5630

Registrar's No.

53
6
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3 High way 66 East
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 44 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Sleeper Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Sleeper Rt I
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Van H Lambeth
3. (b) If veteran, name war
3. (c) Social Security No. 500-12-9518

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Wrinkle
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Oct. (Month) 13 (Day) 1903 (Year)

8. AGE: Years 44 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Sleeper (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Joe Lambeth
13. Birthplace Laclede county Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Etta Betherum
15. Birthplace Laclede county Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Minnie Lambeth
(b) Address Sleeper Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Mo.
18. (a) Signature of funeral director Palmer's
(b) Address Lebanon, Mo.
19. (a) Dec. 6, 1947 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature) 1 E 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1947 hour minute M

21. I hereby certify that I attended the deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY EMBOLISIM

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIA

Underlin the cause which deat should b charged st tistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R A Palmer (CORONER) (M. D. or other)
Address LEBANON Mo Date signed 12/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 12/10/47

Laclede County Health Unit

File No. 12-47-214

Date Filed 12/10/47

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 Richard L Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed L. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.