

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22374**

FILED AUG 5 1948

Registration District No. **77**

Primary Registration District No. **3048**

Registrar's No. **218**

1. PLACE OF DEATH:

(a) County **Callaway**  
(b) City or town **Fulton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **State Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 years**  
(Specify whether years, months or days)  
In this community **Same**

3. (a) PRINT FULL NAME **JEFFERSON LAMBERT**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **M.O** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**  
6. (b) Name of husband or wife **Mrs J.T. Lambert** 6. (c) Age of husband or wife if alive **D.K.** years  
7. Birth date of deceased **10** **30** **1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76** **8** **23** hr. min.

9. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **OTC**

11. Industry or business

12. Name **D.K.** 9  
13. Birthplace **D.K.** (City, town, or county) (State or foreign country)  
14. Maiden name **D.K.**  
15. Birthplace **D.K.** (City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Records**

(b) Address **Fulton, Mo.**

17. (a) **Removal** (b) Date thereof **7-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Savannah, Mo.**

18. (a) Signature of funeral director **Wallace Funeral Home**

(b) Address **7th & 8th Fulton, Missouri**

19. (a) **7-24-1948** (b) **Joie Morrison**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Andrew**  
(c) City or town **Rosedale**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**  
year **1948** hour **12** minute **45** A.M.

21. I hereby certify that I attended the deceased from **7-20-48**, 19, to **7-24-48**, 19;

that I last saw him alive on **7-23-48**, 19, and that death occurred on the date and hour stated above.

Immediate cause of death.

**Hypostatic Pneumonia.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

(Specify type of place)

(e) Means of injury

While at work?

Signature **J.B. Caldwell** (M.D. or other)

Address **Fulton, Mo.** Date **7-24-48**

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed AUG 2 1948

### 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

Walter J. Haines, Jr., Registered Apprentice No. 82  
working under my personal supervision.

Signed Perzid C. Browning  
Licensed Embalmer No. 2724

P. O. Address Hulton 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.