

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED MAY 2 1949

11787

State File No.

BIRTH NO.		REG. DIST. NO. <u>5-8</u>		PRIMARY REG. DIST. NO. <u>5212</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren-Rural</u>		c. LENGTH OF STAY (in this place) <u>Carter</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u>		18 ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mi nw of Van Buren. Own home</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle)		c. (Last) <u>Lambert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April-14-1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>April 14, 1949</u>	
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Sam Lambert</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy Dawson</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sam Lambert Van Buren, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature delivery and exposure to cold.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>not</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>10:10</u> m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>did not see body alive</u> , that I last saw the deceased alive on <u>9A</u> , 19 <u>49</u> , and that death occurred at <u>9A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank J. Riccardi, D.O.</u>				23b. ADDRESS <u>Van Buren, Mo.</u>		23c. DATE SIGNED <u>4-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 15, '49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Houses Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Van Buren, Rural, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 16-49</u>		REGISTRAR'S SIGNATURE <u>Miss Octa Henson</u>		50		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. S. Powell Van Buren, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 449286

Date Filed 4-23-49

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 _____

Body Was Not Embalmed
working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed

Licensed Embalmer No. 4574

P. O. Address Van Buren

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.