

FILED NOV 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33294**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5272 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>Christian</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Billings R 2 Polk</b>		c. LENGTH OF STAY (in this place) <b>61 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Billings Rural R. 2</b>		<b>22</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>Polk Township</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Virgil</b> b. (Middle) <b>V</b> c. (Last) <b>Lambeth</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 15 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 6 1867</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>?, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Albert Lambeth</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Bymaster</b>	14. NAME OF HUSBAND OR WIFE <b>Carrie Lambeth</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry Lambeth, Billings, R 2 Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary of Heart</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Pulmonary th</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Oct 15, 1949</u> , to <u>Oct 15, 1949</u> , that I last saw the deceased alive on <u>Oct 15, 1949</u> , and that death occurred at <u>9 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <b>H. Lambeth</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Marionville, Mo.</b>		23c. DATE SIGNED <b>10-16-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 18, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery Marionville</b>	24d. LOCATION (City, town, or county) (State) <b>Marionville, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Oct. 18, 1949</b>	REGISTRAR'S SIGNATURE <b>Ellie Shreever</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. B. Sherridge Marionville Mo</b>		

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

RECEIVED NOV 3 1949

District Health Office No. 6,

District File Number 1149-1112

Date Filed 11-3-49

MAR 7 1951

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Herman Hurdidge*

Licensed Embalmer No. 3072

P. O. Address

*Marionville*

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.