

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1649

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Lawrence County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville 0550	
c. LENGTH OF STAY (in this place) 23 yrs		d. STREET ADDRESS (If rural, give location) W	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Baxter c. (Last) Lambeth			4. DATE OF DEATH (Month) (Day) (Year) January 13, 1950		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 29, 1858		9. AGE (In years last birthday) 91		10. UNDER 1 YEAR 9 Months 15 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock Farming		11. BIRTHPLACE (State or foreign country) Raleigh, N. Carolina	
12. CITIZEN OF WHAT COUNTRY? W. S. A					

13a. FATHER'S NAME Andrew F. Lambeth		13b. MOTHER'S MAIDEN NAME Sarah Ann Byrd		14. NAME OF HUSBAND OR WIFE Dora Lambeth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Dora Lambeth, Marionville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		DUE TO (b) <i>Arteriosclerotic Angiopathy</i>		DUE TO (c) <i>Cerebrovascular disease</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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 Jan 24, 1950, to Nov. 28, 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>McCullum D. M.D.</i>		(Degree or title)		23b. ADDRESS 13 W Olive St	
23c. DATE SIGNED Jan 14 1950					

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows	
24d. LOCATION (City, town, or county) (State) Marionville, Mo.					

DATE REC'D BY LOCAL REG. Jan 15-50		REGISTRAR'S SIGNATURE Ora Mc Nett 157		25. FUNERAL DIRECTOR'S SIGNATURE J.B. Hurrledge	
				ADDRESS Marionville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 24 1950

District Health Office No. 6,

District File Number 150-135

Date Filed 1-30-50

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 Kurrid*

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.