

FILED JUN 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17767

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 5954		Registrar's No. 69			
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford Rural Pike</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford Rural Pike</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>R #2</u>					
3. NAME OF DECEASED (Type or Print) <u>MYRON THEODORE LAMBERT</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>June 14 1931</u>			
9. AGE (In years last birthday) <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St Louis Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Myron Lambert</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille Stone</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>485-32-7330</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lucille Caldwell</u>		ADDRESS <u>Frankford 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>Electrocution</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>E9143</u> <u>4</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		082			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Quarry</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Frankford Pike Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 24 50 945A</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Raised dump truck into power lines</u>					
12. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>Deceased on May 24</u> , 1950, and that death occurred at <u>945A</u> m., from the causes and on the date stated above.									
22. SIGNATURE <u>J. B. Mudd</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Bawling Green Mo</u>		23c. DATE SIGNED <u>May 24-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Frankford Missouri</u>			
DATE REC'D BY LOCAL REG. <u>May 25, 1950</u>		REGISTRAR'S SIGNATURE <u>Bernice Callier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>374</u>		ADDRESS <u>Frankford Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 5 1950  
District Health Officer No. 10  
District File Number 6-50-958  
Date Filed JUN 6 1950

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 \_\_\_\_\_  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed Gene Fields Megaw

Licensed Embalmer No. 4092

P. O. Address Frankford, 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.