

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13181

BIRTH NO. 30424-51 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3238 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rothville. Rural 0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield</u>		d. STREET ADDRESS <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DARRELL</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>LAMBERT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-25-51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4/23/51</u>		9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>2</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>Mo</u>	
			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>E.C. Lambert Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>June L. Shook</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>perinatal birth injury</u> DUE TO (c) <u>Tendency to eclampsia from past 2 mothers &amp; polyhydramnios</u>  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>1 day</u> <u>3 day</u>	
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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 <input type="checkbox"/> 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 4/23, 1951, to 4/25, 1951, that I last saw the deceased alive on 4/25, 1951, and that death occurred at 10:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Sauer</u>		(Degree or title)		23b. ADDRESS <u>Brookfield, Mo</u>		23c. DATE SIGNED <u>4/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rothville</u>		24d. LOCATION (City, town, or county) (State) <u>Rothville MO</u>	
DATE REC'D BY LOCAL REG. <u>5-1-51</u>		REGISTRAR'S SIGNATURE <u>W B Ewing</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Leiper</u>		ADDRESS <u>Wenden Mo</u>	

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

Date Received: MAY 7 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-51-865  
Date Filed: MAY 8 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 *S. L. Leipard*.....  
Licensed Embalmer No. *3970*.....  
Address *Mendon Mo*.....

The Body whose name is recorded on the  
reverse side of this certificate was not Embalmed

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.