

FILED NOV 29 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

38024

State File No.

BIRTH NO.		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning Rural</u>		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarney</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leah</u>		b. (Middle) <u>A</u>		c. (Last) <u>Lambert</u>		4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>9</u> (Year) <u>51</u>	
5. SEX <u>fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 6, 1873</u>		9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 1 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u> </u>	
13a. FATHER'S NAME <u>Joseph Edens</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Clarkson</u>		14. NAME OF HUSBAND OR WIFE <u>Lloyd Lambert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u> </u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Lambert</u> ADDRESS <u>Browning, Missouri</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>Carcinoma of transverse colon with perforation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis chronic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u> </u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u> </u>				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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>					
22. I hereby certify that I attended the deceased from <u>Nov 7, 1951</u> , to <u>Nov 9, 1951</u> , that I last saw the deceased alive on <u>Nov 8, 1951</u> , and that death occurred at <u>4:29 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. R. Dutton M.D.</u>				23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>11-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Nov 11, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bare Branch</u>		24d. LOCATION (City, town, or county) (State) <u>Shelby Mo. Rural</u>	
DATE REC'D BY LOCAL REG. <u>11-12-51</u>		REGISTRAR'S SIGNATURE <u>Myrta Burkholder (Reg)</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u>		ADDRESS <u>Browning</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0582

Date Received: NOV 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2
Date Filed: NOV 26 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

Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address *Browning No*

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.