

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7911**

APR 7 1952

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Dunklin b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett, Mo c. LENGTH OF STAY (in this place) 8 Hrs d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Memorial Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo d. STREET ADDRESS (If rural, give location) 817 Matthews Ave Sikeston, Mo	
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3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) Hoover c. (Last) Lambert			4. DATE OF DEATH (Month) (Day) (Year) 3 30 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 11/6/28	9. AGE (In years last birthday) 23	10. AGE (In years last birthday) 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipefitter		10b. KIND OF BUSINESS OR INDUSTRY Root Heal Constr Co		11. BIRTHPLACE (State or foreign country) Sharron Tenn	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George Lambert		13b. MOTHER'S MAIDEN NAME Carolyn Hornbeak		14. NAME OF HUSBAND OR WIFE Muriel Lambert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give no. or date of service) 379-30-7715		17. INFORMANT'S SIGNATURE OR NAME Muriel Lambert ADDRESS Sikeston, Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis (Traumatic) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Penetrating lung wound DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 30 mins	
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) (Min)		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 **30 Mar, 1952** to **30 Mar, 1952**, that I last saw the deceased alive on **30 Mar, 1952**, and that death occurred at **5:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE James C. Beyer MD (Degree or title)		23b. ADDRESS Kennett, Mo		23c. DATE SIGNED 1 Apr 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/1/52		24c. NAME OF CEMETERY OR CREMATORY Worley Cem	
24d. LOCATION (City, town, or county) (State) Worley Mo		24e. GENERAL DIRECTOR'S SIGNATURE Walter Jones Sikeston Mo ADDRESS			
DATE REC'D BY LOCAL REG. 4-2-52		REGISTRAR'S SIGNATURE Carl H. H. H.		90	

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-3-51
COUNTY FILE NUMBER 451-88

NOV 25 1953

FEB 23 1955

2817

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.

Student Embalmer No.....

Signed.....

John Allerton

Signed.....
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address *Superior 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.