

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16579**
1990

| | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Little River</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>4 Days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashdown</u> | | <u>8030</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City St. Mary's Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>X 0</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Troy</u> | | | b. (Middle) <u>W.</u> | | c. (Last) <u>Lambert</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 22 52</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Sept. 24, 1900</u> | | 9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 Mths: Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph Operator</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>K. U. So. R. R.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wister, Okla.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>William E. Lambert</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Jennie E. Lambert</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u> | | | 16. SOCIAL SECURITY NO. <u>700-03-3190</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. E. Lambert Cushing, Okla.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Left pyonephrosis with nephrolithiasis</u> ANTECEDENT CAUSES: <u>And perinephritic abscess</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic organizing pneumonitis of left lower lobe</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>years?</u> <u>10 02 1/2</u> | |
| 19a. DATE OF OPERATION <u>4/22/52</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Left pyonephrosis with nephrolithiasis</u> | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Angelo Lapi</u> (Degree or title) <u>Angelo Lapi M.D. autopsyologist</u> | | | | 23b. ADDRESS <u>101 Memorial Drive</u> | | 23c. DATE SIGNED <u>4/23/52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-24-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>LEAVENWORTH KS.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5-1-52</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u> | | ADDRESS <u>KCMO.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 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 Don E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.