

FIMED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

24534

3221

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3221	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad-mission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 941 No. Monroe 3058			
3. NAME OF DECEASED (Type or Print) a. (First) Achiel		b. (Middle) Lambert		c. (Last) Lambert		4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 15 52	
5. SEX M. 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH Oct 9, 1876 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LADDER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) BELGIUM 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME EMILY KISER		14. NAME OF HUSBAND OR WIFE MARIE LAMBERT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-09-3246		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CYRIL LAMBERT 941 N. MONROE K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute and chronic pulmonary edema ANTECEDENT CAUSES DUE TO (b) Cardiac hypertrophy DUE TO (c) Old rheumatic heart disease with aortic stenosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 410X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☒ NO ☐	
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 WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 2, 1952, to July 15, 1952, that I last saw the deceased alive on July 15, 1952, and that death occurred at 2:45A m., from the causes and on the date stated above.							
23a. SIGNATURE B.I. Burns, M.D.		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 7-15-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-18-52		24c. NAME OF CEMETERY OR CREMATORY ST. MARYS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
DATE REC'D BY LOCAL REG. 7-16-52		REGISTRAR'S SIGNATURE Geraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE MELLODY-MCGILLEY-EYAR		ADDRESS K.C. MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Price

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.....

J. A. Pryor

Licensed Embalmer No.

P. O. Address.....

*3444
K C 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.