

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **39576**

FILED DEC 1 1952

BIRTH NO. _____		REG. DIST. NO. 242		PRIMARY REG. DIST. NO. 5830		Registrar's No. 18		
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid				
b. CITY (If outside corporate limits, write RURAL and give township) R#3 Sikeston, Mo				c. CITY (If outside corporate limits, write RURAL and give township) R#3 Sikeston, Mo				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) Lemuel Grant Lambert			4. DATE OF DEATH (Month) 11 (Day) 20 (Year) 1952					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 3/18/94	9. AGE (In years last birthday) 58	10. MONTHS 8	11. YEARS 2	12. IF UNDER 1 HS. MIN. 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Cotton & Corn			11. BIRTHPLACE (City and State or Foreign Country) Boston, Ala		
12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13a. FATHER'S NAME Henry Lambert			13b. MOTHER'S MAIDEN NAME Mary Green			14. NAME OF HUSBAND OR WIFE Jennie Bell Lambert		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Jennie Bell Lambert		
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) No. Medical attendant ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) by all record death was DUE TO (c) due to acute myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION 431X			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) 11:55 AM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 7:15 PM m., from the causes and on the date stated above.								
23a. SIGNATURE Les R. Smith (Degree or title) Coroner				23b. ADDRESS New Madrid, Mo		23c. DATE SIGNED Nov. 20, 52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/23/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		24d. LOCATION (City, town, or county) (State) Sikeston, Mo		
DATE REC'D BY LOCAL REG. 11/27-52		REGISTRAR'S SIGNATURE Thomas M. Shetter		25. GENERAL DIRECTOR'S SIGNATURE Harry Jones		ADDRESS Sikeston, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

0720

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

John A. Sutton

Licensed Embalmer No. *2941*

P. O. Address *Shelton, N.H.*

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.