

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6025 State File No. 39833

FILED NOV 18 1952 BIRTH NO. REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6028 Registrar's No. 24

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

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If Institution, residence before admission). a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Black River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Black River 0900	
c. LENGTH OF STAY (in this place) 9 yrs.		d. STREET ADDRESS (If rural, give location) near Monterey	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Monterey			

3. NAME OF DECEASED (Type or Print) EARL ALONZO LAMBERT			4. DATE OF DEATH (Month) (Day) (Year) July 2nd 1952		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3	
8. DATE OF BIRTH July 22 1899		9. AGE (In years last birthday) 52		10. UNDER 18 SEX Hours Min. 11 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY stock farm		11. BIRTHPLACE (State or foreign country) Reynolds Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John W. Lambert		13b. MOTHER'S MAIDEN NAME Rachel A. Stricklin	
14. NAME OF HUSBAND OR WIFE #		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Robinson		ADDRESS Leadington Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
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) Cerebral Hemorrhage		4 months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus Pneumonia			
		DUE TO (c)			
		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) m.		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 Jan 10, 1952, to July 2, 1952, that I last saw the deceased alive on June 29, 1952, and that death occurred at 10:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE E. M. [Signature] (Degree or title)		23b. ADDRESS Rosterville - MO		23c. DATE SIGNED 7/7/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-6-52		24c. NAME OF CEMETERY OR CREMATORY Lambert Cem	
24d. LOCATION (City, town, or county) (State) Monterey Mo.		DATE REC'D BY LOCAL REG. 7/7/52		REGISTRAR'S SIGNATURE E. M. [Signature]	

25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS White Funeral Home, Ironton Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1953

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 _____

was not embalmed

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Ernest J. White*

Licensed Embalmer No. *3012*

P. O. Address *Smilow Inc*

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.