

FILED MAR 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5359

BIRTH NO.		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 5427		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Miss</u> b. COUNTY <u>Boonville</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Independence</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville Miss</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles north on Hi Way 25</u>							
3. NAME OF DECEASED (Type or Print) <u>Dearie I Lambert</u>		a. (First) <u>I</u> b. (Middle) <u>Lambert</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 24-1914</u>	
9. AGE (In years last birthday) <u>38</u>		10. MONTHS <u>7</u> DAYS <u>28</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>		13a. FATHER'S NAME <u>J. F. Lambert</u>		13b. MOTHER'S MAIDEN NAME <u>Willie C. Lambert</u>	
14. NAME OF HUSBAND OR WIFE <u>Marjorie Lambert</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>426-26-4724</u>		17. INFORMANT'S SIGNATURE OR NAME <u>D. H. Lambert</u> ADDRESS <u>Boonville Miss</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Quincy Carter, Coroner</u>				23b. ADDRESS <u>Boonville Miss</u>		23c. DATE SIGNED <u>2-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-21-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boonville</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville Miss</u>	
DATE REC'D BY LOCAL REG. <u>2-21-53</u>		REGISTRAR'S SIGNATURE <u>Paul Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leitz Service, Kenneth, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-28-53

COUNTY FILE NUMBER 298-50

MAR 6 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edgar Lee Ford

Licensed Embalmer No. 4423

P. O. Address Kennett 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.