

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9281

State File No.

FILED APR 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>3379</u>		Registrar's No. <u>21</u>		
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Amity (Rural)</u>		c. LENGTH OF STAY in this place (Township) <u>Sherman</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amity (Rural)</u>		<u>0320</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u> b. (Middle) <u>L.</u> c. (Last) <u>LAMBERD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 30 1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 8th 1883</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Frank Coen</u>			13b. MOTHER'S MAIDEN NAME <u>Elmira Moore</u>			14. NAME OF HUSBAND OR WIFE <u>C.W. Lamberd</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Coen Lamberd Amity Mo. R.F.D.</u>		ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 Hr.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input 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 <u>Feb. 4, 1953</u> , to <u>Mar. 30, 1953</u> , that I last saw the deceased alive on <u>Mar. 30, 1953</u> , and that death occurred at <u>7:45 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Gerald Fowler M.D.</u>				23b. ADDRESS <u>Maysville Missouri</u>		23c. DATE SIGNED <u>3/31-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/1/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		24d. LOCATION (City, town, or county) (State) <u>Osborn Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-4-53</u>		REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FILCHER FUNERAL HOME MAYSVILLE</u>		ADDRESS NO. <u>533</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0320

APR 24 1958
MAR 19 1958

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 _____

C. F. Pilcher
C. F. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Missouri

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.