

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **17114**

FILED JUN 17 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **599**

1. PLACE OF DEATH a. COUNTY Buchanan 01172			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph			c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2			d. STREET ADDRESS (If rural, give location) Not given		

3. NAME OF DECEASED (Type or Print) Harry a. (First) — b. (Middle) — c. (Last) Lambert			4. DATE OF DEATH (Month) (Day) (Year) May 20, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH not given	9. AGE (In years last birthday) 73	10. CITIZEN OF WHAT COUNTRY? U.S.A
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) checkers			11. BIRTHPLACE (City and State or Foreign Country) Virginia		

13a. FATHER'S NAME not given		13b. MOTHER'S MAIDEN NAME not given		14. NAME OF HUSBAND OR WIFE Pass Lambert - L	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS State Hospital Records - St. Joseph	

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) ulcerative ileocolitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) meningo-encephalitis syphilitica DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 days 47 years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 025x		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 <input type="checkbox"/> 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 **2-9-**, 19**42**, to **5-20-**, 19**53**, that I last saw the deceased alive on **5-20-**, 19**53**, and that death occurred at **11:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Maraway		23b. ADDRESS St. Joseph Mission		23c. DATE SIGNED 5-22-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 24/53		24c. NAME OF CEMETERY OR CREMATORY Kirkville	
24d. LOCATION (City, town, or county) (State) Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Victor J. Barry ST. Jo. Mo.			

DATE REC'D BY LOCAL REG. **May 27, 1953** REGISTRAR'S SIGNATURE **Robert M. Allison** (Licensed Embalmer's Statement on Reverse Side)

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

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 Victor J. Barry

Licensed Embalmer No. 14212

P. O. Address St Joseph 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.