

STANDARD CERTIFICATE OF DEATH

State File No. **21977**

FILED JUN 19 1953

BIRTH NO. 0500		REG. DIST. NO. 160	PRIMARY REG. DIST. NO. 559	Registrar's No. 58
1. PLACE OF DEATH a. COUNTY Jefferson b. CITY (If outside corporate limits, write RURAL and give township) Rural Joachim c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson c. CITY (If outside corporate limits, write RURAL and give township) Rural Joachim d. STREET ADDRESS (If rural, give location) 0500		
3. NAME OF DECEASED (Type or Print) a. (First) Nettie b. (Middle) P. c. (Last) Lambert		4. DATE OF DEATH (Month) (Day) (Year) June 3 - 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 8 - 1870	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR: Months 8 Days 24 IF UNDER 12 HRS. Min.	
11. BIRTHPLACE (State or foreign country) Washington Co. Mo.		12. CITIZEN OF WHAT COUNTRY? W. S. A.		
13a. FATHER'S NAME Aaron Moore		13b. MOTHER'S MAIDEN NAME Eulabee Motier		14. NAME OF HUSBAND OR WIFE Alonso Lambert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Fred Lambert Festus Mo
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) Cerebral apoplexy ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis. 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)		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 July 2, 1952, to June 3, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 4:50 P. M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Clarence C. Crosby D.O.		23b. ADDRESS 111 A Main St. Festus Mo.		23c. DATE SIGNED June 5, 1953.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 5-1953		24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cem
24d. LOCATION (City, town, or county) Festus Mo		24e. (State)		
DATE REC'D BY LOCAL REG. June 5 1953		REGISTRAR'S SIGNATURE Henry K. White		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Vinyard
				ADDRESS Festus Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUN 17 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....
James J. Comerford

Licensed Embalmer No. 4748

P. O. Address Crystal City, 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.