No. 300
No. 48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28151

State File No. .....

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5325 Registrar's No. 213

1. PLACE OF DEATH
a. COUNTY: CRAWFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-COURTOISE
c. LENGTH OF STAY (in this place): 45 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 12 MILES E. OF STEELVILLE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CRAWFORD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-COURTOISE 0280
d. STREET ADDRESS (If rural, give location): 12 MILES E. OF STEELVILLE

280 1

3. NAME OF DECEASED (Type or Print)
a. (First): OTTO
b. (Middle): LEE
c. (Last): LAMBERT

4. DATE OF DEATH (Month) (Day) (Year): AUG. 4-1953.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 21-1879
9. AGE (In years last birthday): 74
If under 1 year: Months: 1 Days: 13
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): CRAWFORD Co., MISSOURI.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WESLEY LAMBERT
13b. MOTHER'S MAIDEN NAME: CORNELIA DOBKINS
14. NAME OF HUSBAND OR WIFE: MARY ELIZABETH 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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. OTTO LAMBERT
ADDRESS: HUZZAH, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile debility — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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: 794 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from _____, 1943 to Aug. 4, 1953, that I last saw the deceased alive on Aug 4, 1953, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] (Degree or title): D.O.
23b. ADDRESS: Steelville Mo
23c. DATE SIGNED: 8/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-7-1953
24c. NAME OF CEMETERY OR CREMATORY: DOBKINS CEMETERY
24d. LOCATION (City, town, or county) (State): CRAWFORD Co., MO.

DATE REC'D BY LOCAL REG.: 8-21-53
REGISTRAR'S SIGNATURE: [illegible] 76-0
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas L. Hulbert
ADDRESS: STEELVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas S. Halbert

Licensed Embalmer No. 4337

P. O. Address Steelville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.