

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36866

LED OCT 20 1953

BIRTH NO.		REG. DIST. NO. 294	PRIMARY REG. DIST. NO. 3056	Registrar's No. 253
1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution, give name and address) a. STATE Missouri b. COUNTY Randolph		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place) 17 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton Hill C880
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital		d. STREET ADDRESS (If rural, give location) /		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) V.	c. (Last) Lambeth	4. DATE OF DEATH (Month) (Day) (Year) October 11, 1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 18, 1865	9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stock feeder		10b. KIND OF BUSINESS OR INDUSTRY stock dealer	11. BIRTHPLACE (City and State or Foreign Country) Alamance County, N. Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Lovick Lambeth		13b. MOTHER'S MAIDEN NAME Sarah Prather	14. NAME OF HUSBAND OR WIFE Eva Lambeth	
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 ADDRESS Mrs. Jim Stark; Clifton Hill, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage 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 1 day 14 day
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) 331 X	
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 Sept. 27, 1953 , to Oct. 11, 1953 , that I last saw the deceased alive on Oct. 11, 1953 , and that death occurred at 9:55 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) A. Noel Rains D.O.		23b. ADDRESS Clifton Hill, Mo.	23c. DATE SIGNED 10-12-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-14-1953	24c. NAME OF CEMETERY OR CREMATORY Clifton Hill Cemetery	24d. LOCATION (City, town, or county) (State) Clifton Hill, Mo.	
DATE REC'D BY LOCAL REG. 10-14-53	REGISTRAR'S SIGNATURE Charles McCormick	25. FUNERAL DIRECTOR'S SIGNATURE T.B. Patton & Sons, Huntville, Mo	ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 8 1957

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Ms

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.