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

FILED NOV 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37991

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Register's No. 171

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Delta Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benton
d. STREET ADDRESS (If rural, give location): 1000 /

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Maxwell c. (Last) Lambert

4. DATE OF DEATH (Month) (Day) (Year): 11-8-1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 1-23-1922

9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR Months: 9 Days: 15 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country): Atlanta, Ga.

12. CITIZEN OF WHAT COUNTRY?: U.A.

13a. FATHER'S NAME: Curtis Ira Lambert

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Curtis Ira Lambert, Atlanta, Georgia

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): Fractured skull; Fractured femur, bilateral — INTERVAL BETWEEN ONSET AND DEATH: D.O.A.

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: _____

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near Morley, Mo.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Scott Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 8 1953 4 A.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Car accident

22. *I hereby certify that I attended the deceased from* 11-8, 1953, *to* 11-8, 1953, *that I last saw the deceased alive on* 11-8, 1953, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Lance M D

23b. ADDRESS: Morehouse, Mo.

23c. DATE SIGNED: 11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 11-9-53

24c. NAME OF CEMETERY OR CREMATORY: City

24d. LOCATION (City, town, or county) (State): ATLANTA GA.

DATE REC'D BY LOCAL REG.: 11-9-53

REGISTRAR'S SIGNATURE: Mrs Ella Lancaster R

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Welsh Funeral Home Sikeston 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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

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

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