No. 300
10.48

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

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18612

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. _____ Registrar's No. 541-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 4 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Douglas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ava
d. STREET ADDRESS (If rural, give location): 0340 1

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) Harrison c. (Last) Lambeth

4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: 7-20-69

9. AGE (In years last birthday): 84 — If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. ____

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

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Thomasville, N.C.

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

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Nora Lambeth

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Nora Lambeth — **ADDRESS**: Ava 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) UNKNOWN — INTERVAL BETWEEN ONSET AND DEATH: 1 WK.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) UNKNOWN

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): _____

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* 6-3, 1954, *to* 6-6, 1954, *that I last saw the deceased alive on* 6-6, 1954, *and that death occurred at* 6:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Allen (Degree or title) M.D.

23b. ADDRESS: Springfield Mo. 500 Holland Bldg.

23c. DATE SIGNED: 6-11-54

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

24b. DATE: 6-10-54

24c. NAME OF CEMETERY OR CREMATORY: Thornfield

24d. LOCATION (City, town, or county) (State): Thornfield Mo.

DATE REC'D BY LOCAL REG.: 6-14-54

REGISTRAR'S SIGNATURE: Tacie Williamson

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Chinkingbeard Funeral Home, Ava Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1954

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Aur. 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.