

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37793**BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **160**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN WEBB CITY		c. CITY OR TOWN WEBB CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JANE CHINN HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) 223 EAST 3RD		0492	

3. NAME OF DECEASED (Type or Print)		a. (First) IDA		b. (Middle) LAVINE		c. (Last) LAMBERT		4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 16 1954	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPTEMBER 28, 1875		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and State or Foreign Country) WEBB CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A			

13a. FATHER'S NAME JIM ROBINSON		13b. MOTHER'S MAIDEN NAME MARTHA BROCK		14. NAME OF HUSBAND OR WIFE GEORGE LAMBERT DECEASED	
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 SUE IRENE ROSE	
				ADDRESS WEBB CITY, 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) <i>chronic myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>	
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 <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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222	

22. I hereby certify that I attended the deceased from *Sept 19, 1954*, to *Nov. 16, 1954*, that I last saw the deceased alive on *Nov 16, 1954*, and that death occurred at *2 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Mrs. Madeline Surtzger</i>		(Degree or title) <i>R.D. Webb City, Mo</i>		23b. ADDRESS <i>11/16/54</i>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-18-1954	
24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) WEBB CITY MO		25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Madeline Surtzger</i>	
DATE REC'D BY LOCAL REG. 11-17-54		REGISTRAR'S SIGNATURE 474		ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

300
9
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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.....
Signature of Student Embalmer

Signed *Richard Gray*.....
Licensed Embalmer No. *44*.....
P. O. Address *Webb*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.