

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21397

State File No. _____

BIRTH NO. 42290-55 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 289

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Cape Girardeau</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>	a. STATE <u>Illinois</u>	b. COUNTY <u>Alexander</u>
c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Thebes</u>	8129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hosp.</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) <u>MARILYN</u>	b. (Middle) <u>ELAINE</u>	c. (Last) <u>LAMBERT</u>	(Month) <u>July</u> (Day) <u>9</u> (Year) <u>1955</u>
(Type or Print)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 5, 1955</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	9b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) _____	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

11a. FATHER'S NAME <u>Lyle Lambert</u>	11b. MOTHER'S MAIDEN NAME <u>Jessie Pinsky</u>	12. NAME OF HUSBAND OR WIFE _____
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	14. SOCIAL SECURITY NO. <u>None</u>	15. INFORMANT'S SIGNATURE OR NAME <u>Lyle Lambert</u>
(If yes, give war or dates of service)		16. ADDRESS <u>Thebes, Ill.</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>	(b) <u>Congenital heart disease</u>		<u>1 day</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	(c) <u>Ventricular Septal Defect</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>75412</u>		<u>4 days</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>ECG - Transient Ventricular fibrillation</u>	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) _____ (Min) _____	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 5 July, 1955, to 9 July, 1955, that I last saw the deceased alive on 9 July, 1955, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Kinder</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Cape Girardeau, MO.</u>	23c. DATE SIGNED <u>17 July 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>
DATE REC'D BY LOCAL REG. <u>7-19-55</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Begling Hoffmann</u>	ADDRESS <u>Illmo, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Oliver C. Arnold

Signed
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

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.