

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22809

BIRTH NO. _____		REG. DIST. NO. 183		PRIMARY REG. DIST. NO. 4297		Registrar's No. 13-15	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) Purdin				c. CITY OR TOWN Purdin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				f. STREET ADDRESS (If rural, give location) 0580			
3. NAME OF DECEASED (Type or Print)		a. (First) Frank		b. (Middle) A.		c. (Last) Lambert	
4. DATE OF DEATH		(Month) 7		(Day) 27		(Year) 55	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 27, 1885		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Gamble Store		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME James D. Lambert		13b. MOTHER'S MAIDEN NAME Polly Standifer		14. NAME OF HUSBAND OR WIFE Ida C. Lambert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 500-36-4543		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida C. Lambert Purdin 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) Chronic elements rephrased 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. Generalized arteriosclerosis 592X				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Jan 19 54, to July 27, 19 55, that I last saw the deceased alive on July 26, 19 55, and that death occurred at 7:25P m., from the causes and on the date stated above.							
23a. SIGNATURE J.R. Martin		(Degree or title) M.D.		23b. ADDRESS Browning Mo		23c. DATE SIGNED 7-30-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-30-55		24c. NAME OF CEMETERY OR CREMATORY Purdin		24d. LOCATION (City, town, or county) (State) Purdin	
DATE REC'D BY LOCAL REG. Aug. 3, 55		REGISTRAR'S SIGNATURE Elva Crookshanks 166		25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home		ADDRESS Browning	

AUG 16 1955

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 Gerald I. Wad

Licensed Embalmer No. 41

P. O. Address Brown

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.