

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

25653

FILED AUG 22 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	c. LENGTH OF STAY (in this place) <u>29 yrs</u>	c. CITY OR TOWN <u>Jefferson City</u>	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 <u>304 Walnut</u>		e. STREET ADDRESS (If rural, give location) <u>304 Walnut St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>Augustus</u>	c. (Last) <u>Lambeth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-13-1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 31-1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>shoe factory</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Industry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Lambeth</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Maxwell</u>	14. NAME OF HUSBAND/OR WIFE <u>Anna Lambeth-Dec.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-09-4814</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wayne Maddox</u>	ADDRESS <u>Jefferson City Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>18 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthio-sclerosis</u> DUE TO (c) <u>4201</u>		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous Cardiac Infarction 2 yr.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12 Aug, 1955, to 13 Aug, 1955, that I last saw the deceased alive on 12 Aug, 1955, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James G. Miller D.O.</u>	23b. ADDRESS <u>Jefferson City.</u>	23c. DATE SIGNED <u>15 Aug 55</u>
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24a. BY RIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Aug/15/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Useful Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Useful Mo</u>
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DATE REC'D BY LOCAL REG. <u>15 Aug 19 55</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blyde Morton</u>	ADDRESS <u>Linn Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Vernon Mostaw*.....

Licensed Embalmer No. *412*.....

P. O. Address *Lima*.....

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.