

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26274**

FILED SEP 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3840**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL, and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>3 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6100 WORNALL ROAD</b>		* STREET ADDRESS (If rural, give location) <b>6100 WORNALL ROAD</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>LESTER</b>	c. (Last) <b>LAMBERT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG-31-1955</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DEC-24-1872</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-CREDIT CASHIER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DAVENPORT, IOWA GOLF COURSE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>STOCKWELL, INDIANA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM LAMBERT</b>	13b. MOTHER'S MAIDEN NAME <b>ARMFIELD</b>	14. NAME OF HUSBAND-OR WIFE <b>MRS. AGNES LAMBERT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>484-03-6189</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LEON E. LAMBERT</b> ADDRESS <b>6100 WORNALL RD KANSAS CITY MO.</b>
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19. 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 <b>Immediate</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) <b>ARTERIO SCLEROSIS</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

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)	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 **8-31**, 19**55**, to **8-31**, 19**55**, that I last saw the deceased alive on **8-31**, 19**55** and that death occurred at **11:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>David Waxman</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>4802 Project</b>	23c. DATE SIGNED <b>8-31-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>SEPT-1-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARGARET'S CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>DAVENPORT IOWA</b>
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DATE REC'D BY LOCAL REG. <b>9-1-55</b>	REGISTRAR'S SIGNATURE <b>neva mitchell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.H. Newcomer</b> ADDRESS <b>1337 BROWN CAREY KANSAS CITY MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Basil V. Honey*.....

Licensed Embalmer No. *470*.....

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