

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1955

State File No. **34072**

BIRTH NO.		REG. DIST. NO. <b>210</b>		PRIMARY REG. DIST. NO. <b>5768</b>		Registrar's No. <b>68</b>			
1. PLACE OF DEATH a. COUNTY <b>Mercer</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Harrison tw</b>		c. LENGTH OF STAY (In this place) <b>life</b>		c. CITY OR TOWN <b>Princeton</b>		d. In 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				e. STREET ADDRESS (If rural, give location) <b>0650</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy</b>		b. (Middle)		c. (Last) <b>Lambert</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-30-55</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>		8. DATE OF BIRTH <b>7-23-1890</b>			
9. AGE (In years last birthday) <b>65</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Mercer Co., Mo</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>David Lambert</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Abernathy</b>		14. NAME OF HUSBAND/OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>48 8-14-2751</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Lambert</b>		ADDRESS <b>West Chicago, IL</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun shot #22-RT Temple</b> ANTECEDENT CAUSES <b>NOT FOLLOWING UP ON OPPOSITE SIDE LAST SC</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Body found Nov 3-1955</b> DUE TO (c) <b>After reviewing records by Skerff, Prosecutor &amp;</b>				INTERVAL BETWEEN ONSET AND DEATH <b>OCT 30 1955</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Sgt. of Hy Patrol - 976X</b> <b>Ruled suicide</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>House R. Mercer</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>HARRISON TWP. MERCER MO</b>					
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? <b>22 Risk</b>					
22. I hereby certify that I attended the deceased from <b>NOT AT ALL</b> , 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at ____, m., from the causes and on the date stated above.									
23a. SIGNATURE <b>W. Bristow</b>				23b. ADDRESS <b>Princeton, Mo</b>		23c. DATE SIGNED <b>10-25-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11-4-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Princeton</b>		24d. LOCATION (City, town, or county) (State) <b>Princeton, Mo</b>			
DATE REC'D BY LOCAL REG. <b>11-9-55</b>		REGISTRAR'S SIGNATURE <b>John Moss</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Noel Moss</b>		ADDRESS <b>Princeton, Mo</b>			

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 me Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed

Hall Travis

Licensed Embalmer No. 26

P. O. Address Quincy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.