

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12202**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> c. LENGTH OF STAY (in this place) <u>4</u> yrs				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u> c. CITY OR TOWN <u>Kirkville</u> d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1015 N. Main St.,</u>				STREET ADDRESS (If rural, give location) <u>1015 N. Main St.,</u> <u>00130</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Minnie</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Lambert</u>	
4. DATE OF DEATH		(Month) <u>Apr.</u>		(Day) <u>12,</u>		(Year) <u>1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 9, 1881</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Downing, Mo. Schuyler Co.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joe Lambert</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Prostman</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Polly Lambert, Kirkville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombotic encephalomalacia & prolonged Recumbency</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 <u>March 16</u> , 19 <u>54</u> , to <u>April 12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>April 12</u> , 19 <u>56</u> , and that death occurred at <u>11:58P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Smith</u>		(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>4/14/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/14/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-14-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Riley</u>		ADDRESS <u>Kirkville 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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 489

P. O. Address Kibworth

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.