

FILED JUN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 20825
Registrar's No. 279

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 279	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 3 yrs.		c. CITY OR TOWN Independence		d. Is Residence within limits of a city incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION 123 East College				e. STREET ADDRESS (If rural, give location) 123 East College 7005			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)		b. (Middle) F.		c. (Last) LAMBERT	
4. DATE OF DEATH		(Month) June		(Day) 18,		(Year) 1956	
5. SEX ☒ M. ☐ F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 4, 1894		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Grant City, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Hub Lambert		13b. MOTHER'S MAIDEN NAME Wynona Ferguson		14. NAME OF HUSBAND OR WIFE Sadie Lambert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY (If yes, give year or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sadie Lambert		ADDRESS Indep. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Heart Block ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Thrombophlebitis R. leg II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes				INTERVAL BETWEEN ONSET AND DEATH Immediate 24 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) (Min.)		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 8-1, 1955, to 6-18, 1956, that I last saw the deceased alive on 6-18, 1956, and that death occurred at 730 P.m., from the causes and on the date stated above.							
23a. SIGNATURE M. L. Whetstone, M.D.		(Degree or title)		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 6/19/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/19/56		24c. NAME OF CEMETERY OR CREMATORY (unknown)		24d. LOCATION (City, town, or county) (State) Grant City, Missouri	
DATE REC'D BY LOCAL REG. 6-19-56		REGISTRAR'S SIGNATURE James S. Craig		FUNERAL DIRECTOR'S SIGNATURE Wilson L. Kepley		ADDRESS Indep. Mo.	

(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. 225

P. O. Address Indep. 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.