

Health, Welfare & Public Service
 300
 1-56
 Factor, coroner, etc. must use only standard momentary ink-tin to. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED SEP 11 1956

STANDARD CERTIFICATE OF DEATH

27001

STATE FILE NUMBER

3638

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If instituting Residence before admission) a. STATE MISSOURI COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 308		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 SPRUCE		Length of stay in lb 50 YRS	d. STREET ADDRESS 308 SPRUCE AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last ALICE JANE LAMBKIN			4. DATE OF DEATH Month Day Year August 17, 1956		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 23, 1886		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CO-OWNER		10b. KIND OF BUSINESS OR INDUSTRY ADVERTISING AGENCY (LAMBKIN) SERVICE		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME ERNEST M. LAMBKIN			14. MOTHER'S MAIDEN NAME CATHERINE KNIGHT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. 487-38-8024		17. INFORMANT Address KANSAS CITY, MO MARY JANE LAMBKIN 308 SPRUCE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma - Colon.					INTERVAL BETWEEN ONSET AND DEATH 2 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8/1/56 to 8/17/56 and last saw her alive on 8/16/56 Death occurred at 3:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. C. Trippe M.D.			22b. ADDRESS 6247 Brookside		22c. DATE SIGNED 8/17/56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG: 20, 1956		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
		23d. LOCATION (City, town, or county) KANSAS CITY		23e. STATE Missouri	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK BLVD K.C. MO.			25. DATE RECD. BY LOCAL REG. 8-20-56		26. REGISTRAR'S SIGNATURE neva minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. C. Trippe

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 *Chester K. Brown*.....

Licensed Embalmer No. *4*.....

P. O. Address *TC*.....

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.