

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27939

State File No. _____

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3051 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Moberly</u>)		c. LENGTH OF STAY (in this place) <u>29 Days</u>	c. CITY OR TOWN <u>Moberly</u>		d. Is 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 <u>Woodland Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>528 Taylor</u> 08850		
3. NAME OF DECEASED a. (First) <u>MARSHALL</u> b. (Middle) <u>ELMER</u> c. (Last) <u>LAMBERTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-10-1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb-24-1879</u>	9. AGE (In years) (If under 1 year last birthday) <u>77</u>	10. MONTHS <u>77</u> 11. DAYS <u>77</u> 12. HOURS <u>77</u> 13. MIN. <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Famer + Railroad Ptd</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joel B. Lambert</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Pierce</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Ridgeway</u> ADDRESS <u>Carroll 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>Hypertensive cardiovascular disease</u> ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>443x</u>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 1st to 56</u> , to <u>Aug 10</u> , 1956, that I last saw the deceased alive on <u>Aug 10, 1956</u> and that death occurred at <u>1:45 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Thos. S. Fleming MD</u>			23b. ADDRESS <u>Moberly, Missouri</u>		23c. DATE SIGNED <u>Aug 10-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug-12-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8/10/56</u>		REGISTRAR'S SIGNATURE <u>Robert Lowe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cater Funeral Home</u> ADDRESS <u>Moberly Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

690

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.....

P. O. Address.....

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.