

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38679

State File No. \_\_\_\_\_

FILED NOV 30 1956

Registrar's No. 28

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 4297

1. PLACE OF DEATH  
a. COUNTY Linn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Linn

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purdin c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN Purdin d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_ e. STREET ADDRESS (If rural, give location) 0580

3. NAME OF DECEASED a. (First) Nettie b. (Middle) May c. (Last) Lambert 4. DATE OF DEATH (Month) (Day) (Year) 11 20 56

5. SEX fe 6. COLOR OR RACE w 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 1, 1890 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME George W. Denny 13b. MOTHER'S MAIDEN NAME Hanna F. Evans 14. NAME OF HUSBAND OR WIFE Albert Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Albert Lambert ADDRESS \_\_\_\_\_

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) Chronic myocarditis  
ANTECEDENT CAUSES  
Morbid 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 10 yrs.

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) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 NOV 9 8:15a, to NOV 20, 1956, that I last saw the deceased alive on NOV 20, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Denton Wilson (Degree or title) D.O. 2 23b. ADDRESS Limeus, Mo. 23c. DATE SIGNED 11-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Nov. 23-1956 24c. NAME OF CEMETERY OR CREMATORY Bear Branch 24d. LOCATION (City, town, or county) (State) Rural Mo.

DATE REC'D BY LOCAL REG. Nov 24 1956 REGISTRAR'S SIGNATURE Mr. Budie Kelley 25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home ADDRESS Browning

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

650

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 *Gerald F. Wald*

Licensed Embalmer No. *41*

P. O. Address *Brown*

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.