

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40801
State File No.

FILED DEC 6 - 1957

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 554

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY OR TOWN Sarcouxie	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 days		e. STREET ADDRESS (If rural, give location) 305 Church St. 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) BESSIE	b. (Middle) ELIZABETH	c. (Last) MARIE LAMBETH	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1957
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 28, 1898	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Jasper County, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Andrew Chrisman	13b. MOTHER'S MAIDEN NAME Kate Meador	14. NAME OF HUSBAND OR WIFE Ernest Lambeth
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ernest Lambeth	ADDRESS 305 Church St. M.O.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hr - 10 yrs - 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis terminal Aorta		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Gangrene left leg 4501		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 11/23/57	19b. MAJOR FINDINGS OF OPERATION left lumbar sympathectomy - Arteriosclerosis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11/22, 1957, to 11/27, 1957 that I last saw the deceased alive on 11/27, 1957, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Bart F. Woodbridge MD (Degree or title)	23b. ADDRESS Joplin Mo	23c. DATE SIGNED 11/27/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-30-57	24c. NAME OF CEMETERY OR CREMATORY Harvey Cemetery	24d. LOCATION (City, town, or county) (State) Jasper County, Mo
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 11-29-57	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KNELL MORTUARY Carthage, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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County File Number 57-12-970
Date Filed DEC 3 1957

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 O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Corthage, 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.