

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH44453
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5550

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived). If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City Mo</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>448 Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Lakeland</u> | | Length of stay in lb <u>30 YEARS</u> | | d. STREET ADDRESS <u>2941 Main</u> | | (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>F.</u> Last <u>Lambert</u> | | | | 4. DATE OF DEATH Month <u>November</u> Day <u>21</u> Year <u>1957</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>April 26, 1897</u> | |
| 9. AGE (In years last birthday) <u>70</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper mfg.</u> | | 11. BIRTHPLACE (City and state or country) <u>Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>George Lambert</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Calbath</u> | | 14. NAME OF HUSBAND OR WIFE <u>Bertha Lambert</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>499-09-2938</u> | | 17. INFORMANT <u>Wife</u> Address <u>Mrs Bertha Lambert 2941 Main</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Cancer of chest</u> DUE TO (b) <u>Primary neoplasms of Cervical lymph nodes</u> DUE TO (c) <u>2002</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT · SUICIDE · HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 <u>1950</u> to <u>11/21/57</u> and last saw him alive on <u>11/21/57</u> . Death occurred at <u>Kansas City Mo</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>D. W. Newcomer</u> (Degree or title) <u>D.C.</u> | | 22b. ADDRESS <u>4949 Europe Parkway</u> | | 22c. DATE SIGNED <u>11/21/57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>NOV. 23, 1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u> | | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | |
| 24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S SONS</u> | | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-23-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Dena Minshall</u> | |

MAR 4 1959



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 *Vern Lawler*

Licensed Embalmer No. *4915*
P. O. Address *47 E 32nd St KC*

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.