

STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1958

58-004951  
STATE FILE NUMBER

Registration District No. 98 Primary Registration District No. 5357 Registrar's No. 30

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                                                                                                                             |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Daviess</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>                  |                                              |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Benton Township</u>                                                                                                                                                                                                                                                                                                                                                                     |                              | c. CITY (If outside Limits)<br>OR TOWN <u>Pattonburg</u> R. <u>2</u>                                                                                        |                                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>At home</u>                                                                                                                                                                                                                                                                                                                                                                   |                              | d. STREET ADDRESS (If outside, give location)<br><u>Pattonburg, Mo. R.2</u>                                                                                 |                                              |
| Length of stay in lb<br><u>35 yrs.</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                       |                                              |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Glennie</u> Middle <u>Thresa</u> Last <u>Lambert</u>                                                                                                                                                                                                                                                                                                                                                         |                              | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>3</u> Year <u>1958</u>                                                                                         |                                              |
| 5. SEX<br><u>F</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Nov. 9, 1896</u>      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u>                                                                                                                                                                                                                                                                                                                                                 |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>at home</u>                                                                                                         | 9. AGE (In years last birthday)<br><u>61</u> |
| 11. BIRTHPLACE (City and state or country)<br><u>Daviess Co., Missouri</u>                                                                                                                                                                                                                                                                                                                                                                                      |                              | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                                                                                                  |                                              |
| 13a. FATHER'S NAME<br><u>Albert Henry</u>                                                                                                                                                                                                                                                                                                                                                                                                                       |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Ada Fields</u>                                                                                                              |                                              |
| 14. NAME OF HUSBAND OR WIFE<br><u>John Cleo Lambert</u>                                                                                                                                                                                                                                                                                                                                                                                                         |                              | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                   |                                              |
| 16. SOCIAL SECURITY NO.<br><u>496-42-2217</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | 17. INFORMANT<br><u>Mr. John Cleo Lambert</u>                                                                                                               |                                              |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>RT. SIDED CEREBRAL VASCULAR ACCIDENT</u><br>DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u><br>DUE TO (c) <u>331XF</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>RECENT COMPOUND COMMINUTED FRACTURE OF LT TIBIA FIBULA</u> |                              | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 d.</u><br><u>7 years.</u>                                                                                          |                                              |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>a.m.</u> Month, Day, Year <u>p.m.</u>                                                                                        |                                              |
| 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<br><u>Pattonburg</u>                                                                                                                                                                                                                                                                                                                                                                                                               |                              | COUNTY <u>Missouri</u> STATE <u>Missouri</u>                                                                                                                |                                              |
| 21. I attended the deceased from <u>3-13-57</u> to <u>2-1-58</u> and last saw her alive on <u>FEB 1, 1958</u><br>Death occurred at <u>5 p.m. 2-3-58</u> on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                      |                              | 22a. SIGNATURE (Degree or title)<br><u>Albert D. Dillbe M.D.</u>                                                                                            |                                              |
| 22b. ADDRESS<br><u>Bethany, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | 22c. DATE SIGNED<br><u>2-7-58</u>                                                                                                                           |                                              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>                                                                                                                                                                                                                                                                                                                                                                                                      |                              | 23b. DATE<br><u>2-7-58</u>                                                                                                                                  |                                              |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Bethel cemetery</u>                                                                                                                                                                                                                                                                                                                                                                                                    |                              | 23d. LOCATION (City, town, or county) (State)<br><u>NE/ Pattonburg, Missouri</u>                                                                            |                                              |
| 24. FUNERAL DIRECTOR<br><u>Louis Zuest</u>                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | 25. DATE RECD. BY LOCAL REG.<br><u>11th Feb. 1958</u>                                                                                                       |                                              |
| 26. REGISTRAR'S SIGNATURE<br><u>Duguesne M. Engelhart</u>                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                             |                                              |

1961  
SEP 6

### 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 ..... *Louis Quest* .....

Licensed Embalmer No. .... *4096* .....

P. O. Address *Pattonsburg* .....

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.