

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-024470  
State File No.

FILED AUG 4 1958

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 5000 Registrar's No. 242	
1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. LENGTH OF STAY (in this place) yrs 19		c. CITY OR TOWN Kirksville 0010 0 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION at home, Benton Twp			STREET ADDRESS (If rural, give location) R. F. D. #3 Benton Twp.		
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Edward		c. (Last) Lambert	
4. DATE OF DEATH July 25, 1958		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 6, 1903		9. AGE (In years last birthday) 55 If UNDER 1 YEAR: Months Days If UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Linn county, Mo 0	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Lambert		13b. MOTHER'S MAIDEN NAME Anna Jennings	
14. NAME OF HUSBAND OR WIFE Mattie Bunch		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 194-05-2634	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mattie Lambert, Kirkville, Mo.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. 20 ga. shotgun wound into the left neck and the maxillary, below the left ear ranging up and to the right, fracturing the skull, b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. c. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. MANNER OF DEATH (Specify) <del>XXXXXXXX</del> Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) at home (farm)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kirkville, Benton, Adair, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) July 25 1958 11:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? self inflicted gunshot wound	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Dorothy Foster Coroner		23b. ADDRESS Kirkville, Mo.		23c. DATE SIGNED 7/25/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-28-1958		24c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery	
24d. LOCATION (City, town, or county) (State) Kirkville, Mo.		24e. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery		24f. LOCATION (City, town, or county) (State) Kirkville, Mo.	
DATE REC'D BY LOCAL REG. 7-27-58		REGISTRAR'S SIGNATURE Dorothy W. Ratliff		25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Hilg	
ADDRESS Kirkville, Mo.		ADDRESS Kirkville, Mo.		ADDRESS Kirkville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 14 1958

SEP 2 1958

### 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 *Kenneth E. Hayes*

Licensed Embalmer No. *4894*

P. O. Address *Kirkaville, T.*

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.