

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046950
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 38-1 Primary Registration District No. 45-15 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan		c. CITY OR TOWN Winigan North Salem	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION So Memorial Hosp		d. STREET ADDRESS (If outside, give location) Winigan RFD Salem	
3. NAME OF DECEASED (Type or print) First Eva Middle May Last Lambert		4. DATE OF DEATH Month 12 Day 16 Year 58	
5. SEX fe	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 19, 1898
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 country) Ill.
13a. FATHER'S NAME James M. Richardson		13b. MOTHER'S MAIDEN NAME Mary Maude Jay	
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. no	
17. INFORMANT Mrs. Oda Spencer		Address Becky Ford Col	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia (Bilateral) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Endocarditis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4214			19. INTERVAL BETWEEN ONSET AND DEATH 5 days 6 mo
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 Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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 North Salem STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr W H Payne D.O.		22b. ADDRESS Purdin Missouri	22c. DATE SIGNED 12-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12 18 58	23c. NAME OF CEMETERY OR CREMATORY North Salem	23d. LOCATION (City, town, or county) (State) North Salem Mo.
24. FUNERAL DIRECTOR Wade Funeral Home		25. DATE RECD. BY LOCAL REG. 12-22-58	26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckert

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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. Wade

Licensed Embalmer No. 4173

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.