				TH - STAND	ARD CE	RTI	FICATE O	F_DEATH		5	9-03	<b>682</b>	5
LED	VŞ   —	NOV 6.1	959	Prim	ary Registratio	n Dîstri	ict No. 429	Registrar's No	<u>.         /</u>	<u> </u>	STATE FILE	NUMBER	
	1. PLACE OF DEATH  a. COUNTY SE Linn County						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before  a. STATE MISSOURT. COUNTY Sullivan admission)						
							gth of stay in 1b	c. CITY OR TOWN BY	owni:		ral	Insid	le Limits
	_	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				ł	Inside Limits Yes   No	d. STREET ADDRESS			give location)		on Farm
	3	NAME OF DECE (Type or print)	_	First lovd	Fre	Middle nk		Last nbert	4. DAT OF DEAT	_	_	-	70ar 59
		. sex M	6.	COLOR OR RACE	7. Married Widowed	□ <b>x</b> •	Never Married  Divorced	8. DATE OF BIRTH	99	(last birthday) 60	Months Da	ys Hour	᠋
		during port of Borking life, even if retired)					NESS OR INDUSTRY	Missou	• •	.,	12. CITIZEN USA HUSBAND OR W		COUNTRY
		Edward M. Lambert  S. WAS DECEASED EVER IN U.S. ARMED FORCES?			Le	ah	A. Ede			Sylvia	C. Let		•
L		es, no, or unknow	n) (If yes	, give war or dates of s	service)			Sylvia	C. La		Brow	INTERVAL	BETWEEN
DOCUMENT		PA	ter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	et left sich				ONSET A	ND DEATH				
DOC		Conditions, if any, DUE TO (b) which gave rise to above cause (a),											
	stating the under- lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)											emale was ast 90 days.	
	CERTIFICATION	19. WAS AUTOF PERFORMED	? •	. ACCIDENT SUICIDI	HOMICIDE	2	ROB. DESCRIBE HON	W INJURY OCCURRE	D. (Enter na	iture of injury in			Unknown
	EDICAL C	INJURY	Hou)	Month, Day, Year	Track		- over	turne!	lall I son	a he	mone		
	*	20d. INJURY OCCURED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about hor farm, factory, street, office bldg., etc.)						Of. CITY, TOWN, O	R LOCATIO	J.	COUNTY		STATE
		21. I attended to		ed from	PM		, to	ar a date stated above,		her him alive on best of my kno	wledge, from th	e causes st	ated.
/IT OF	<u> </u>	22a. SIGNATURE	z B.	m: Clella		صت	mar o	226. ADDRESS	rlef	mo		Oct :	ATE SIGNED
AFFIDAVIT	\J.	REMOVAL (Spec Surial	ity)	11-1-59			emetery or creating Cem	E RECD. BY LOCAL I	Bro	TION (City, tow	Rural	(St MO	at6) '
BY A		ade Fun			row <u>nin</u>		10 nov	4.195	9 m	12/21	idie,	Kell	ay
					(Lie	ensed	Embalmer's Statem	ent on Reverse Side)	,				

<u></u>		
MAR		
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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	_ Signed Serald I W
	Licensed Embalmer No. 4/17
	P. O. Address Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwrit If this body is not embalmed, fact should be so stated above.