

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 7 9 9

FILED VS DEC 23 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 225

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Length of stay in 1b 1 day		c. CITY OR TOWN Bragg City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.E. Memorial Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R# 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Willard Odell Lamberth				4. DATE OF DEATH Month Day Year December 12, 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/19/1935		9. AGE (last birthday) 24		IF UNDER 1 YEAR Months 4 Days 23		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Tenn.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Johnny Lamberth				13b. MOTHER'S MAIDEN NAME Lennie Newman				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None None				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mrs. Lennie Lamberth, Bragg City, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Insulin Shock										INTERVAL BETWEEN ONSET AND DEATH 29 hrs.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetic Mellitus										6 years			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m.		Month, Day, Year											
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		COUNTY		STATE					
21. I attended the deceased from 12-12-59 to 12-12-59 and last saw her/him alive on Dec. 12, 1959 Death occurred at 10:00 P/M on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Quinton Tarver</i> Quinton Tarver, M.D.				22b. ADDRESS Kennett, Mo.				22c. DATE SIGNED 12-14-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 14 Dec. 59		23c. NAME OF CEMETERY OR CREMATORY Mount Pleasant		23d. LOCATION (City, town, or county) (State) Near Walnut, Miss.							
24. FUNERAL DIRECTOR McDaniel Funeral Service, Kennett, M.				25. DATE RECD. BY LOCAL REG. 12-14-1959		26. REGISTRAR'S SIGNATURE <i>Carl Thurman</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Tommy L. Roberts

Licensed Embalmer No.

4886

P. O. Address

Keenett,

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.