

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015456

FILED VS MAY 5 1960

DED

Registration District No. <u>149</u>		Primary Registration District No. <u>1002</u>		Registrar's No. <u>2189</u>		STATE FILE NUMBER	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>		b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>2 Yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4901 E 40th Place</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4901 E 40th Place</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED				4. DATE OF DEATH			
First <u>FRANCIS</u>		Middle <u>LAWRENCE</u>		Last <u>LAMBERT</u>		Month <u>April</u> Day <u>16</u> Year <u>1960</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/17/1917</u>	
9. AGE (last birthday) <u>42</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rothschilds Store</u>		11. BIRTHPLACE (City and state or country) <u>Fitchburg Mass</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Joseph Lambert</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Blanc</u>		14. NAME OF HUSBAND OR WIFE <u>Frances L. Lambert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>553-05-4216</u>		17. INFORMANT <u>Mrs Frances L Lambert</u>		Address <u>4901 E 40th Pl K C Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Stroke &amp; Hemiparesis resulting from brain stroke</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Chest</u>							
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 checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Apparently stroke &amp; chest</u>			
20c. TIME OF INJURY <u>4-15</u> Hour <u>4-15</u> p.m. Month, Day, Year <u>4-16-60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Kansas City Jackson</u>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____		21. I attended the deceased from _____, to _____ and last saw him alive on _____		21. I attended the deceased from _____, to _____ and last saw him alive on _____		21. I attended the deceased from _____, to _____ and last saw him alive on _____	
21. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		21. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		21. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		21. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Dr. Charles W. Roberts, Carney</u>		(Degree or title)		22b. ADDRESS <u>6627 Prospect View</u>		22c. DATE SIGNED <u>4-17-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>April 20 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Riverside Calif</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Sheil Funeral Home Kansas City Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-19-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

Kealhofer

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 Harold B. Quinn

Licensed Embalmer No. 499

P. O. Address H.C. 71

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.