

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005740

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 21

STATE FILE NUMBER

AMENDED

FILED VS FEB 23 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jefferson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twsp		Length of stay in 1b 1 month		c. CITY OR TOWN Pacific	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mountain View Nursing Home				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)		First Lida		Middle Lambeth E.		Last Lambeth	
4. DATE OF DEATH		Month 2		Day 7		Year 61	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-29-1879	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Boles, Mo.	
10c. CITIZEN OF WHAT COUNTRY U.S.A.				13a. FATHER'S NAME George Smith		13b. MOTHER'S MAIDEN NAME Paulina Murdock	
13c. NAME OF HUSBAND OR WIFE Ernest Lambeth				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. None				17. INFORMANT Address Jerry Smith, Pacific, Mo.			
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) Cardiovascular disease						Wore	
DUE TO (b)						2-3 mo.	
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 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 1-10-61 to 2-7-61 and last saw her live on 2-7-61 Death occurred at 5 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE A. H. Arnold				(Degree or title) M.D.		22b. ADDRESS 112 Mississippi Ave. Crystal City, Mo.	
22c. NAME OF CEMETERY OR CREMATORY Bleasant Hill Cem.				23d. LOCATION (City, town, or county) Villa Ridge, Mo.		22c. DATE SIGNED 2-7-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-11-61		24. FUNERAL DIRECTOR ADDRESS Mrs. John L. Theibes, Pacific, Mo.		25. DATE RECD. BY LOCAL REG. 2/8/61	
26. REGISTRAR'S SIGNATURE John N. Stoll Regt.							

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. 4808
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph C. Strassmann

Licensed Embalmer No. 4808

P. O. Address Union Mo

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.