

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012703

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 412

STATE FILE NUMBER

AMENDED

DATE AMENDED  
5/11/61  
INSTEAD OF  
Evergreen Cemetery & Osborn Mt. Auburn & St. Joseph  
BY AFFIDAVIT OF Funeral Dir.  
R.W. Kieber, M.D.  
MEDICAL CERTIFICATION

**FILED MAY 1 1961**

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in lb 40 years  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Missouri Meth. Hosp Inside Limits  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY OR TOWN St. Joseph Inside Limits Yes  No   
d. STREET ADDRESS (if outside, give location) 402 Vassar Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
CLARENCE FRANKLIN LAMBERD  
4. DATE OF DEATH Month Day Year  
April 16, 1961

5. SEX male  
6. COLOR OR RACE white  
7. Married  Never Married   
Widowed  Divorced   
8. DATE OF BIRTH 8/11/1906  
9. AGE (last birthday) 54  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer  
10b. KIND OF BUSINESS OR INDUSTRY Packing Plant  
11. BIRTHPLACE (City and state or country) Maysville, Mo.  
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Colombus Lamberd  
13b. MOTHER'S MAIDEN NAME Flora Coen  
14. NAME OF HUSBAND OR WIFE Ina L.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. #2  
16. SOCIAL SECURITY NO. W.W. #2  
17. INFORMANT Address  
Mrs. Ina L. Lamberd, 402 Vassar, St. Joseph, 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) Unattended Death-Natural Cause  
DUE TO (b) Investigated by the City Health Department.  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
20a. ACCIDENT  SUICIDE  HOMICIDE   
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at 5:20 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert W. Kieber, M.D. City Health Office  
22b. ADDRESS St. Joseph, Mo  
22c. DATE SIGNED 4-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial  
23b. DATE 4/19/1961  
23c. NAME OF CEMETERY OR CREMATORY Evergreen Mt. Auburn Cemetery  
23d. LOCATION (City, town, or county) (State) Osborn Missouri

24. FUNERAL DIRECTOR ADDRESS Norton Bowman St. Joseph, Mo.  
25. DATE RECD. BY LOCAL REG. April 25, 1961  
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

1961 I

MAY 26 1961

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 William Spaulding

Licensed Embalmer No. 4535

P. O. Address St Joseph, 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.