

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

149

Primary Registration District No. 1002 Registrar's No. _____

1807-61-013818
STATE FILE NUMBER

STATE FILE NUMBER

AMENDED

Registration District No. _____

Primary Registration District No. 002 Registrar's No. _____

Registrar's No.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

L. M. Fittman

L. M. "Slim" Man

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPT.		d. STREET ADDRESS (If outside, give location) 3003 E 31st St	
3. NAME OF DECEASED (Type or print) First ALBERT Middle LAMBERT Last LAMBERT		4. DATE OF DEATH Month April Day 10 Year 1961	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-28-1930
9. AGE (last birthday) 30 yrs		10. IF UNDER 1 YEAR Months 0 Days 0	
11. IF UNDER 24 HR Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Will Lambert		13b. MOTHER'S MAIDEN NAME REola Cavares	
14. NAME OF HUSBAND OR WIFE Vera Lambert		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. 430-50-8245		17. INFORMANT Vera Lambert	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Fat Embolism DUE TO (b) Compound Comminuted Fractures DUE TO (c) of Both Bones of Lower 1/2 Right Extremity PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Auto-Trauma		INTERVAL BETWEEN ONSET AND DEATH 3003 E 31st Street	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto-Trauma		20c. TIME OF INJURY Hour 1:15 a.m. Month, Day, Year 4/6/61	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Filling Sta. Linwood & Indiana, Kansas City Jackson, Mo.	
20f. CITY, TOWN, OR LOCATION Dermott		20g. COUNTY Dermott, Arkansas	
20h. STATE Arkansas		21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Deputy Coroner		22b. ADDRESS 1618 Lydia Ave	
22c. DATE SIGNED 4/12/61		23a. BURIAL, CREATION, REMOVAL (Specify) Removal	
23b. DATE 4-13-61		23c. NAME OF CEMETERY OR CREMATORY Dermott	
23d. LOCATION (City, town, or county) Dermott, Arkansas		24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton	
24a. DATE RECD. BY LOCAL REG. 4-12-61		24b. REGISTRAR'S SIGNATURE Ruth Lane	

(Licensed Embalmer's Statement on Reverse Side)

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.