ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043339
STATE FILE NUMBER

AMENDED

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 95

FILED DEC 8 1961

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Comeau Convalescent Manor — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Dexter — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Sarah — Middle NMI — Last Lambert

4. DATE OF DEATH: Month Nov. Day 26, Year 1961

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-31-1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and state or country): Dexter, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.I.A.

13a. FATHER'S NAME: Charley Smith
13b. MOTHER'S MAIDEN NAME: Nancy Norman
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): x x x x x x x x
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charley Lambert — Address: Dexter, 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): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 16 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Essential hypertension — several years
DUE TO (c): 3 previous cerebro-vascular accident — in last 5 years

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 a.m. p.m. — Month, Day, Year
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 Nov 14th to Nov 26 1961 and last saw her/him alive on Nov 26, 1961
Death occurred at 6.15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. Comeau M.D.
22b. ADDRESS: Dexter Mo
22c. DATE SIGNED: 11/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11-29-61
23c. NAME OF CEMETERY OR CREMATORY: New Bethel Cem.
23d. LOCATION (City, town, or county) (State): Dexter, Mo. Rural

24. FUNERAL DIRECTOR: Watkins & Sons — ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 11/28/61
26. REGISTRAR'S SIGNATURE: Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF | MEDICAL CERTIFICATION

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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Me

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.