

SOUTH DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047506

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED ³³³ JAN 15 1962

Primary Registration District No. 3074 Registrar's No. 10

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>SCOTT</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		a. STATE <u>MO</u>		b. COUNTY <u>new Madrid</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Delta</u>		Length of stay in 1b Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MATTHEWS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		d. STREET ADDRESS (If outside, give location) <u>Sells Nursing Home</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
First, Middle, Last <u>Ted Lambert</u>		Month, Day, Year <u>12 31 1961</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>May 7 - 1906</u>	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm labour</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and state or country) <u>Mayfield Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>Luther Lambert</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Bertha Patterson Lebanon MO. ST</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>Cerebral Thrombosis</u>						<u>1 week</u>	
DUE TO (b) <u>hypertension</u>						<u>unknown</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 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, Month, Day, Year					
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>12-26</u> to <u>12-31-1961</u> and last saw him alive on <u>12-20-1961</u> Death occurred at <u>12/31/61 10:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Shoum C. McClellan</u>				22b. ADDRESS <u>Sikeston, Mo.</u>		22c. DATE SIGNED <u>1-1-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-2-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Parma Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>1 mi South of Parma MO</u>	
24. FUNERAL DIRECTOR <u>Wattson & Son Parma MO</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Jan 6 - 1962</u>		26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>	

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Barbara Watkins

no permit issued

Licensed Embalmer No. 4964

P. O. Address Antioch, 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).

- 1. If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- 2. If this body is not embalmed, fact should be so stated above.