

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009606

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 347 Primary Registration District No. 6157 Registrar's No. 4

FILED FEB 20 1962

1. PLACE OF DEATH a. COUNTY <u>Stone Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>mo</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Libe</u>		c. CITY OR TOWN <u>Lambert - mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>X</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> ☒ <u>No</u> ☐	

3. NAME OF DECEASED (Type or print) First <u>Anthony</u> Middle <u>John</u> Last <u>Lambert</u>		4. DATE OF DEATH Month <u>2</u> Day <u>11</u> Year <u>1962</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</u>	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Sept 23 - 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and state or country) <u>Clarita Ill</u>
13a. FATHER'S NAME <u>Noel Johnie Lambert</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Kay Hagan</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>941 Lambert Lampe mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>suuffication</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Im.</u>	

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 <u>9-3</u> a.m. <u>1-0</u> 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/him alive on _____ Death occurred at: <u>8 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Chiffard Smith</u>		22b. ADDRESS <u>acton x clare - mo</u>		22c. DATE SIGNED <u>2-12-62</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-14-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Clarita Ill</u>	
24. FUNERAL DIRECTOR <u>Everett J. Cheatham</u>		ADDRESS <u>Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 12, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Mary F. Stewart</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

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

Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salina 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.

*Removal Permit Issued
Feb. 12, 1962*