

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016402
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 91

DO NOT WRITE ON THIS STUB

AMENDED **FILED** APR 20 1962

VS 300
Rev. 4/59

1 0887
2 0887
3 2
4 1
5 2
6
7 0
8 2
9 4222
10
11
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Length of stay in 1b <u>4 1/2 Years</u>	c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>1127 Henry</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1127 Henry</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LILLIAN MAE LAMBIER</u>			4. DATE OF DEATH Month Day Year <u>April-7-1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-10-75</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Mo. U.S.A.</u>
13a. FATHER'S NAME <u>George Laight</u>		13b. MOTHER'S MAIDEN NAME <u>Milnes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>George Lambier Ferguson Mo</u> Address <u>none</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>Acute Congestive Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u> DUE TO (b) <u>Chronic Myocarditis</u> <u>UNKNOWN</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>Senility</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>marked Arteriosclerotic Heart Disease</u>			PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb. 1, 1962</u> to <u>April 7, 1962</u> and last saw her <u>alive</u> on <u>April 6, 1962</u> . Death occurred at <u>3:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M.C. Copley DO</u> (Degree or title)		22b. ADDRESS <u>Huntsville, MO</u>	22c. DATE SIGNED <u>4-8-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Apr. -9-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rakland Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG <u>4-9-62</u>	26. REGISTRAR'S SIGNATURE <u>Sealwell</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moorestown 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.