MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-021789

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 197

FILED JUN 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0017
2 0017
3
4 1
5 2
6
7 0
8 2
9 151X
10
11
12 3-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1001 N Edgar — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First KATE Middle Last LAMBERT

4. DATE OF DEATH Month June Day 15, Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-2-1887
9. AGE (last birthday) 75 — 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) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Retired Local Registrar
11. BIRTHPLACE (City and state or country) Schuyler Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Pinkney Maize
13b. MOTHER'S MAIDEN NAME Susie Grindle
14. NAME OF HUSBAND OR WIFE Geo. Lambert (D)

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. 489-40-3409
17. INFORMANT Mrs. G.C.Martin, Marrietta, Okla. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INANITION AND DEBILITATION — INTERVAL BETWEEN ONSET AND DEATH Since 4-30-62
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) WIDESPREAD CARCINOMA OF UNDETERMINED ORIGIN
DUE TO (c) (POSSIBLY GASTRIC) — UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
SECONDARY ANEMIA

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 APR. 30-1962 to JUNE 15, 1962 and last saw her/him alive on JUNE 15-1962
Death occurred at 12:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Laughlin (Degree or title) DO
22b. ADDRESS KIRKSVILLE, Mo
22c. DATE SIGNED 6-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-17-1962
23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery
23d. LOCATION (City, town, or county) (State) Kirksville, Missouri

24. FUNERAL DIRECTOR Davis & Davis, Kirksville, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. June 20, 1962
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

No permit issued

EARL LAUGHLIN, JR., D.O.

JUN 26 1962

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.