

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040435

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10068

STATE FILE NUMBER

FILED OCT 29 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. LOUIS, MISSOURI**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **JEFFERSON**c. CITY OR TOWN **FESTUS**Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **BARNES HOSPITAL**Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
R. F. D. # 2Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
FREDMiddle
L.Last
LAMBERT

4. DATE OF DEATH

Month
OCTOBERDay
19Year
19625. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH 9. AGE (last birthday)
11-13-80 63IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Glass Mfg. Retired10b. KIND OF BUSINESS OR INDUSTRY
Glass Mfg.11. BIRTHPLACE (City and state or country)
CALEDONIA MO.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

ALONZA LAMBERT

13b. MOTHER'S MAIDEN NAME

JEANETTE MOORE

14. NAME OF HUSBAND OR WIFE

KATHRYN SILKETT15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO16. SOCIAL SECURITY NO.
489-03-4247

17. INFORMANT

Address

Mrs. Fred. L. Lambert, R # 2, Festus, 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)

CARCINOMA OF PROSTATEINTERVAL BETWEEN ONSET AND DEATH
3 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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

ARTERIOSCLEROTIC HEART DISEASE WITH OLD MYOCARDIAL INFARCTIONS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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 **OCT. 1962** to **OCTOBER 19, 1962** and last saw her alive on **OCT. 19, 1962****10th**
5:02 P.M.

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

10/21/6223a. BURIAL, CREMATION, REMOVAL (Specify)
REMOVAL23b. DATE
10-22-62

23c. NAME OF CEMETERY OR CREMATORY

Roselawn Memorial Gardens

23d. LOCATION (City, town, or county)

Festus, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vinyard Funeral Home, Inc., Festus, Mo.

25. DATE RECD. BY LOCAL REG.

OCT 22 1962

REGISTRAR'S SIGNATURE

Heard Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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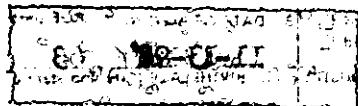
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52

ST. LOUIS, MISSOURI
BERNARD HOSPITAL

DECEMBER 19 1908



STATEMENT OF PROBATE

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 _____
X

Licensed Embalmer No. 3010

P. O. Address Festus MD

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.