

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047406

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 14

VS 300 - Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

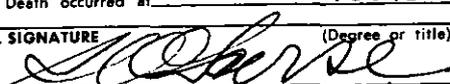
SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED JAN 11 1963</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JASPER</b>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		a. STATE <b>MO.</b> b. COUNTY <b>JASPER</b>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		Length of stay in 1b <b>3 WEEKS</b>		c. CITY OR TOWN <b>AVILLA</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ADA</b> Middle <b>PEARL</b> Last <b>LAMBETH</b>		d. STREET ADDRESS <b>NONE</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		4. DATE OF DEATH <b>DEC. 31 1962</b>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-27-85</b>		9. AGE (last birthday) <b>77</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NOMEMAKING</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
11. BIRTHPLACE (City and state or country) <b>DADE COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>JOHN J. STUMBO</b>		13b. MOTHER'S MAIDEN NAME <b>AMANDA JANE BUCK</b>		14. NAME OF HUSBAND OR WIFE <b>G. I. LAMBETH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>MRS. FREDERICA BLANKENSHIP, JOPLIN, MO.</b> Address	
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) <b>C.V.A. with right hemiplegia.</b>				<b>3 weeks</b>	
DUE TO (b) <b>Arteriosclerosis.</b>				<b>10 years</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) <b>Diabetes mellitus.</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ 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>12-11-62</u> to <u>12-31-62</u> and last saw her <u>12-31-62</u> alive on <u>12-31-62</u> . Death occurred at <u>10:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE  (Degree or title)		22b. ADDRESS <b>M.D. 2509 JACKSON, JOPLIN, MO.</b>		22c. DATE SIGNED <b>1-3-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>1/3/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>AVILLA CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>AVILLA MISSOURI</b>		23e. STATE _____			
24. FUNERAL DIRECTOR <b>ULMER FUNERAL HOME, CARTHAGE, MO.</b> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>1-7-1963</b>		26. REGISTRAR'S SIGNATURE 	

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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.