

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040490

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 94

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 15 1963

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		c. CITY OR TOWN Lexington	
Length of stay in 1b Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION (home) 524 S. 24 th St.		d. STREET ADDRESS (If outside, give location) 524 S. 24 th St.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Lillie Mae Lambert			4. DATE OF DEATH Month Day Year November 3 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUN 11 1890	9. AGE (last birthday) 93	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Iowa	
12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME George Pugh		13b. MOTHER'S MAIDEN NAME Eliza Short		14. NAME OF HUSBAND OR WIFE Wm. Lambert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (specify), or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs. Jessie Hoover Lexington, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malignant hypertension: Coronary 445 (heart disease)		2 yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Total blindness due to glaucoma (Bilat.)		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
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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 s.m. p.m.	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 Jan 6, 1954 to Nov 3, 1963 and last saw her alive on Nov. 1, 1963
Death occurred at 4:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ben H Brasher MD	22b. ADDRESS Lexington, Missouri	22c. DATE SIGNED 11, 5, 63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE November 5-63	23c. NAME OF CEMETERY OR CREMATORY Machpelah
23d. LOCATION (City, town, or county) Lexington, Mo.		

24. FUNERAL DIRECTOR Vaughn-Walker Funeral Home Lexington Mo	25. DATE RECD. BY LOCAL REG. 7 Nov 1963	26. REGISTRAR'S SIGNATURE M. E. [Signature]
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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

VS 300
Rev. 4/59
10542
20542
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(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Pomijan, Student Embalmer No. 696
working under my personal supervision.

Student

Stanley Pomijan
Signature of Student Embalmer

Signed

Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, 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.

Burial permit issued 4 Nov. 1963