

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6585 63-048098
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

VS 300
Rev. 4/59

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1290-2

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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

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED DEC 19 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 35 YEARS		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7402 EAST 108TH STREET		d. STREET ADDRESS (If outside, give location) 7402 EAST 108TH STREET	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First ESTHER Middle MARY Last LAMBERT		4. DATE OF DEATH Month DECEMBER Day 2 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 12-7-1903
9. AGE (last birthday) 59	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	11. BIRTHPLACE (City and state or country) BURLINGTON, KANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JAMES TERREL		13b. MOTHER'S MAIDEN NAME EMMA GOODMAN	
14. NAME OF HUSBAND C. H. LAMBERT		Address 7402 EAST 108TH ST. KANSAS CITY, MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MRS. JOY HOLLAN		Address 7402 EAST 108TH ST. KANSAS CITY, 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) Acute pulmonary congestion DUE TO (b) Myocardial infarction (POSTERIOR) DUE TO (c) MASSIVE ATHEROSCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) POSSIBLE CEREBRAL EMBOLI PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown INTERVAL BETWEEN ONSET AND DEATH 72 HRS.			
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 1961 - May , to Dec 2 1963 and last saw her alive on Dec. 2, 1963 Death occurred at 5:04 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Eugene Mielcarek (Degree or title) D.O.		22b. ADDRESS 11401 S. 71 Highway, Kansas City, Mo.	
22c. DATE SIGNED 12-3-63			
23a. BURIAL, CREATION, REMOVAL (Specify)	23b. DATE DEC. 5, 1963	23c. NAME OF CEMETERY OR CREMATOR W. MORIAN CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMERSON-KANSAS CITY, MISSOURI		25. DATE RECD. BY LOCAL REG. 12-5-63	
26. REGISTRAR'S SIGNATURE Bessie Smith			

(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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert J. Boyer

Licensed Embalmer No. 4892

P. O. Address

Richard Parks

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.