ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5964

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2377

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 11 YRS; IN ARIZONA 11 YRS
C. CITY OR TOWN: PHOENIX — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1529 W. SONORA

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: MARICOPA
C. CITY OR TOWN: PHOENIX — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1529 W. SONORA
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) CLARENCE B. (MIDDLE) JAMES C. (LAST) LAMBERT
4. SEX: M.
5. COLOR OR RACE: NEGRO
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): NEVER MARRIED
6B. NAME OF SPOUSE: NONE
7. DATE OF BIRTH: MONTH NOV DAY 10 YEAR 1928
8. AGE (IN YEARS LAST BIRTHDAY): 28
IF UNDER 1 YEAR: MONTHS — DAYS —; IF UNDER 24 HRS.: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): STREET DEPT. CITY
9B. KIND OF BUSINESS OR INDUSTRY: MAINTENANCE
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ARK.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): W.W. II (IF YES, WAR OR DATES OF SERVICE): W.W. II
13. SOCIAL SECURITY NO. 530-14-4910
14A. FATHER'S NAME: ROBERT LAMBERT
14B. BIRTHPLACE (STATE OR COUNTRY): ARK.
15A. MOTHER'S MAIDEN NAME: TENNESSEE SHERMAN
15B. BIRTHPLACE (STATE OR COUNTRY): TEXAS
16. INFORMANT'S SIGNATURE: Geneva Lambert — ADDRESS: 1529 Sonora
17. DATE OF DEATH (MONTH) (DAY) (YEAR): SEPTEMBER 8, 1957

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Gunshot wound, chest — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-9-57 TO 9-9-57, THAT I LAST SAW THE DECEASED ALIVE ON 19 , AND THAT DEATH OCCURRED AT 2:55 P.M. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED ON 9-9-57 AND ON THE DATE STATED ABOVE, FROM THE CAUSES
22A. SIGNATURE: (DEPUTY) MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 9-9-57

23A. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ NATURAL CAUSE ☐: Suicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 1529 W. Sonora
23C. (CITY OR TOWN) Phoenix (COUNTY) Ariz (STATE)
23D. TIME OF INJURY (MONTH) 9 (DAY) 8 (YEAR) 57 (HOUR) 2:55 P.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Gunshot Wound - self inflicted

24A. CORONER'S SIGNATURE: Al J. Flood Coroner
24B. ADDRESS: West Phx
24C. DATE SIGNED: 9-12-57

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9-13-57
25C. NAME OF CEMETERY OR CREMATORY: GREENWOOD MEM. PARK
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX, ARIZ

26A. DATE REC. BY LOCAL REG.: 9/12/57
26B. REGISTRAR'S SIGNATURE: Ruth Johnson
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: MOSDALE MORTUARY 1100 E. JEFFERSON PHOENIX, ARIZONA
28A. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO.: 328 R

FORM VS-2 REV. 3-15-55 1

17 OF DEATH AND 21 RESIDENCE
X
1
5
ECEDENT 2
RSONAL DATA 28
4
957
976X
CAUSE OF DEATH (ITEM 18) 0 0
ERATIONS, AUTOPSY 9
MEDICAL TIFICATION 7
DEATH DUE TO EXTERNAL VIOLENCE 5
ORONER'S TIFICATION 5
UNERAL IRECTOR AND EGISTRAR 85 0 2
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