

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1958

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 3

300  
1-57

4

1. PLACE OF DEATH a. COUNTY <b>Ray</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Richmond</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Richmond</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Clemens Rest Home</b>		Length of stay in 1b <b>3 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>2 miles south</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DORA</b> Middle <b>—</b> Last <b>LIERMAN</b>			4. DATE OF DEATH Month <b>January</b> Day <b>16,</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 16, 1878</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</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>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Richmond, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Schussler</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Clements</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Lierman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Lottie Butler, Rt. 2, Richmond, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Virus PNEUMONIA</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					<b>492X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>PELVICIOUS ANEMIA</b>					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 or Section 18.) _____				
20c. TIME OF INJURY Hour _____ a.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. attended the deceased from Death occurred at <b>Jan 1 - 1958</b> to <b>Jan 16 - 58</b> and last saw her <b>Jan 16 - 19 58</b> alive on _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>E. E. Jay</b> (Degree or title)			22b. ADDRESS <b>Richmond Mo</b>		22c. DATE SIGNED <b>1-17-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 18, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Woodland Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Richmond, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Thurman Funeral Home, Richmond, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Jan 20 - 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mabel Jackson</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Received

Ray	Missouri	Ray	Richmond
x	Richmond	x	Richmond
x	2 miles south	3 weeks	Clemens Rest Home
January 16, 1928	LEHMAN	---	DORA
79	Nov. 16, 1878	x	White
U.S.A.	Richmond, Mo.	Own home	Housewife
Frank Lehman	Catherine Clemens		John Schwesler
Mrs. Iannie Butler, Rt. 2, Richmond, Mo.	None		None

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, ~~John~~....., Student Embalmer No. .... working under my personal supervision.

Student ..... Signed *Tom L. Thurman*.....  
 Signature of Student Embalmer

Licensed Embalmer No. 1563.....  
 P. O. Address Richmond, 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.