

STANDARD CERTIFICATE OF DEATH

9303

State File No.

No. 300
10. 48

FILED MAR 17 1949

BIRTH NO. 49-005878 REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 5813 Registrar's No. 9

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Upper Louisa</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Upper Louisa, Mo</u>	
c. LENGTH OF STAY (In this place) <u>—</u>		d. STREET ADDRESS (If rural, give location) <u>Four miles S. of Wellsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD EDWIN</u> b. (Middle) <u>LEHNER</u> c. (Last) <u>LEHNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb 22 1949</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Daniel C. Lehner</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Belle Gray</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. C. Lehner</u>	ADDRESS <u>Wellsville Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status Lymphaticus</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2731</u>

22. I hereby certify that I attended the deceased from Mar 8, 1949, to Mar 8, 1949, that I last saw the deceased alive on Mar 8, 1949, and that death occurred at 8:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. Buford U.M.W.</u>	23b. ADDRESS <u>Wellsville Mo</u>	23c. DATE SIGNED <u>Mar 9, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 9th 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wellsville Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 9th 1949</u>	REGISTRAR'S SIGNATURE <u>M. S. Romann</u>	425	5. FUNERAL DIRECTOR'S SIGNATURE <u>C. C. Tuttle</u>
			ADDRESS <u>Wellsville</u>

3/16/49
Date Filed

Office File No. _____

District Health Officer No. 9,

RECEIVED

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 _____

This body not embalmed.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. R. R. R.*

Licensed Embalmer No. *3059*

P. O. Address *Wellsville Md*

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 this body is not embalmed, fact should be so stated above.