

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 635

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4152 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Liberty Twp.</u>	
c. LENGTH OF STAY (in this place) <u>54 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) <u>FRANK</u> c. (Last) <u>LEHMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May-18-1861</u>
9. AGE (In years) (Month) (Day) <u>88-7-18</u>	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Lehmann, Bourbon Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC Decompensation</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-1</u> , 19 <u>49</u> , to <u>12-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>49</u> , and that death occurred at <u>11:20pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ronald H. Scott, M.D.</u>		23b. ADDRESS <u>Bourbon Mo</u>	
23c. DATE SIGNED <u>1-6-50</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beth</u>	
24d. LOCATION (City, town, or county) (State) <u>Crawford Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Long, Bourbon, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-6-50</u>		REGISTRAR'S SIGNATURE <u>W. B. Davis, Deputy</u>	

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

RECEIVED 1/12/50
District Health Officer No. 5,
District File Number 15043
Date Filed 1/13/50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Norman C. Haener

Signed.....
Student Embalmer

Licensed Embalmer No. 4673

P. O. Address Cuba, Missouri

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.