

FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5797 State File No. 1816

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4335 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE: <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Moniteau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Moniteau</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. West of California</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi West of California Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) _____ c. (Last) <u>LEHMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 22, 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Filling Station owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Moniteau Co.</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. NAME OF HUSBAND OR WIFE <u>Francis Wilson Lehman</u>	
13a. FATHER'S NAME <u>Ben Lehman</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Patchiff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes after W. War #1</u>		16. SOCIAL SECURITY NO. <u>379-07-5577</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Francis Lehman</u>		17. ADDRESS <u>Clarkesb</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u> 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 related to the disease or condition causing death.  154X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>June 3, 1949</u> , to <u>Jan 9, 1950</u> , that I last saw the deceased alive on <u>Jan 9, 1950</u> , and that death occurred at <u>4 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Kingyon Latham, M.D.</u>		23b. ADDRESS <u>California, Mo.</u>	
23c. DATE SIGNED <u>1-10-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-12-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>		24d. LOCATION (City, town, or county) (State) <u>Morgan Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-12-50</u>		REGISTRAR'S SIGNATURE <u>Birdie Sturgis</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

680

MAR 11 1950

MAY 5 1950

RECEIVED  
JAN 16 1950  
District Health Officer No. 9,  
District File Number

JUL 19 1950

AUG 26 1950

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 .....  
Student Embalmer

Signed A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California 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 this body is not embalmed, fact should be so stated above.