

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13935

State File No.

| | | | | | | | | |
|--|-------------------------------|--|--|---|---|---|---|--|
| BIRTH NO. | | REG. DIST. NO. 251 | | PRIMARY REG. DIST. NO. 3048 | | Registrar's No. 87 | | |
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>7</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u> | | c. LENGTH OF STAY (in this place) <u>15 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> (114) | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>none</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ALOYSIUS</u> c. (Last) <u>LEHMER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>5</u> <u>50</u> | | | | | |
| 5. SEX <u>Male</u> 0 | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> 1 | 8. DATE OF BIRTH <u>2/26/85</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u> | | 11. BIRTHPLACE (State or foreign country) <u>Falls City, Nebr.</u> / | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>David Lehmer</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Hansen</u> | | 14. NAME OF HUSBAND OR WIFE <u>Margaret Burg Lehmer</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John A. Lehmer, St. Charles, Ia.</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, asthma, 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 colon & metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) 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. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>153X</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>None</u> | | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>None</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>None</u> | | | | |
| 22. I hereby certify that I attended the deceased from <u>March 20, 1950</u> , to <u>April 5, 1950</u> , that I last saw the deceased alive on <u>7:30A</u> , 19 <u>50</u> , and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>B. S. Pyle</u> 0 (Degree or title) <u>M. D.</u> | | | | 23b. ADDRESS <u>Maryville, Missouri</u> | | 23c. DATE SIGNED <u>4-10-50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>4/10/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Mary's, Iowa</u> | | |
| DATE REC'D BY LOCAL REG. <u>4-8-50</u> | | REGISTRAR'S SIGNATURE <u>Bess Holt</u> 229 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u> | | | | |

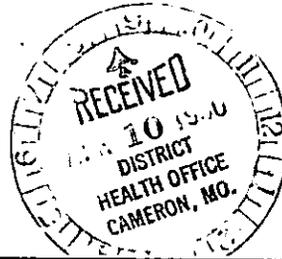
(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

NOV 3 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.

Signed Robert L. Senter.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4782.....

P. O. Address Marquill, 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.