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FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15936

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 619

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Methodist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Doniphan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Washington 81.50
d. STREET ADDRESS (If rural, give location): R.F.D. #1 - Wathena

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) ALBERT c. (Last) LEHMAN
4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 12 1946
9. AGE (In years last birthday): 3 | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): KANSAS
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: RAYMOND LEHMAN
13b. MOTHER'S MAIDEN NAME: Pauline Compsey
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: PAULINE C. LEHMAN ADDRESS: WATHENA

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Possibly due to other causes

DUE TO (c) Surgery - repair of inguinal hernia (supp. report)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-20-50
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to* May 20, 19 50 *that I last saw the deceased alive on* May 20, 19 50 *and that death occurred at* 11:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul Ingraw (Degree or title) M.D.
23b. ADDRESS: St. Joseph Missouri
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/20/50
24c. NAME OF CEMETERY OR CREMATORY: Dodds Funeral Home
24d. LOCATION (City, town, or county) (State): Wathena, Kansas

DATE REC'D BY LOCAL REG.: May 27, 1950
REGISTRAR'S SIGNATURE: E. L. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE: John P. Anderson ADDRESS: Wathena, Kans

(Licensed Embalmer's Statement on Reverse Side)

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

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 ..... not F embalmed ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John C Anderson

Licensed Embalmer No. 4760

P. O. Address Hathaway, Kans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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