

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21045

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5831 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Franklin)	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) I. b. (Middle) A. c. (Last) Lahman			4. DATE OF DEATH (Month) (Day) (Year) 6-10-1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-26-1873	9. AGE (In years last birthday) 77 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) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Lahman		13b. MOTHER'S MAIDEN NAME Sarah unknown		14. NAME OF HUSBAND OR WIFE Mamie Lahman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mamie Lahman-Fairview, Missouri	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs 2 yrs 3 3/4
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c)		
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 1948 to June 10, 1950 that I last saw the deceased alive on June 9, 1950, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE O. S. McCallum D (Degree or title)	23b. ADDRESS Wheaton Mo	23c. DATE SIGNED 6/13/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-12-1950	24c. NAME OF CEMETERY OR CREMATORY Dice Cemetery
DATE REC'D BY LOCAL REG. June 19 1950		24d. LOCATION (City, town, or county) (State) Fairview, Missouri

REGISTRAR'S SIGNATURE Alpha Dyer	369	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. E. Culver-Cassville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

NO FEE
ENCLOSED
JUN 21 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 J. E. Culver

Licensed Embalmer No. 3594

P. O. Address Cassville

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.