

No. 300
10.48

264
0

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1950

State File No. 23097

BIRTH NO. 48032-50 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <i>Cole</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cole</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Jefferson City</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Jefferson City</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>301 a - W. High</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Kenneth Joseph</i> b. (Middle) <i>Lichter</i> c. (Last) <i>Lightner</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 5 1950</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, SEPARATED (Specify)	8. DATE OF BIRTH <i>Nov 11 1950</i>	9. AGE (In years, if under 1 year last birthday) Months Days <i>2 2 2</i>	
10a. USUAL OCCUPATION (Give kind of work done during last of year 1949, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Jefferson City, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Kenneth J. Lichtner</i>		13b. MOTHER'S MARRIAGE NAME <i>Mary Louise Schuster</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>John S. Lennett, Jr.</i>	
				ADDRESS <i>J.C. Mo.</i>	

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) <i>Atelectasis, Congenital</i>				INTERVAL BETWEEN ONSET AND DEATH <i>20 hrs.</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Prematurity.</i>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<i>nl 25</i>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 *Aug. 5, 1950*; to *Aug. 5, 1950*; that I last saw the deceased alive on *Aug. 5, 1950*, and that death occurred at *6:58 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John S. Lennett, Jr.</i> (Degree or title)		23b. ADDRESS <i>507 E. High St. Jefferson City, Mo.</i>		23c. DATE SIGNED <i>8/5/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Aug 6 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Boonville</i>	
				24d. LOCATION (City, town, or county) (State) <i>Boonville Mo.</i>	

DATE REC'D BY LOCAL REG. <i>Aug 5 - 1950</i>		REGISTRAR'S SIGNATURE <i>R.P. Darrin MD - JR. 68</i>		25. EMERAL DIRECTOR'S SIGNATURE <i>Samuel Levine</i>		ADDRESS <i>Jefferson City</i>	
---	--	---	--	---	--	----------------------------------	--

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

RECEIVED 8/12/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8/12/50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3641

P. O. Address _____

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.