

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25802

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 60

1. PLACE OF DEATH  
a. COUNTY Stoddard

b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty) c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Stoddard

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty) 1030

d. STREET ADDRESS (If rural, give location) R. F. E. #3

3. NAME OF DECEASED  
a. (First) Thomas b. (Middle) Lee c. (Last) Lenderman

4. DATE OF DEATH (Month) (Day) (Year) July 19, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH July 20, 1887 9. AGE (In years last birthday) 62 11 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Green County, Arkansas

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Lemial W. Lenderman

13b. MOTHER'S MAIDEN NAME Hester Riddle

14. NAME OF HUSBAND OR WIFE Myrtle Lenderman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 489-12-8790

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chester E. Lenderman, Paragould, Ark

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute coronary thrombosis

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

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Sudden

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE

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)

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 \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:00 Pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED

Way W. Rainey, 3 Coroner Dexter, Missouri 7-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 7-20-50

24c. NAME OF CEMETERY OR CREMATORY Pinot Cemetery

24d. LOCATION (City, town, or county) (State) Hornersville, Mo.

DATE REC'D BY LOCAL REG. 7-21-50

REGISTRAR'S SIGNATURE Nelson V. Jenkins 409

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.

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

RECEIVED JUL 25 1950  
District Health Office No. 6,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *J. Stuchman*  
Licensed Embalmer No. 3479

P. O. Address West, Md.

**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.