

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File # 44012

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6121 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Birch Tree		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Delaware	

3. NAME OF DECEASED (Type or Print) Julius			a. (First)	b. (Middle)	c. (Last) Lahmeyer	4. DATE OF DEATH (Month) (Day) (Year) Oct 26-50		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 9-1890		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR 1	IF UNDER 1 YEAR 17	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gasconade Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Fritz Lahmeyer		13b. MOTHER'S MAIDEN NAME Augusta Pierce		14. NAME OF HUSBAND OR WIFE Hazeltine Lahmeyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Julius Lahmeyer Delaware, Mo	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		5 1/2	

19a. DATE OF OPERATION 1950		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)		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 Sept 12, 1950, to Oct 26, 1950, that I last saw the deceased alive on Oct 20, 1950, and that death occurred at 12-55pm., from the causes and on the date stated above.

23a. SIGNATURE R. L. Davis		(Degree or title) m.d.		23b. ADDRESS Birch Tree Mo		23c. DATE SIGNED 6/10-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-29-50		24c. NAME OF CEMETERY OR CREMATORY Deleware		24d. LOCATION (City, town, or county) (State) Eminence, Mo.	

DATE REC'D BY LOCAL REG. 6-16-51		REGISTRAR'S SIGNATURE Mabel Rice		447		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JUN 19 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

*130001316 43 13001313*

*6/18/51*

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

*12 30 103 52 0111*

Signed

*Joe P. Duncan*

Licensed Embalmer No. *4325*

P. O. Address *52 Mt View Ave*

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.