

5. No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29526

FILED SEP 17 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 926

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN St. Joseph, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital		d. STREET ADDRESS (If rural, give location) 1814 Faraon Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Lorren	b. (Middle) Raymond	c. (Last) Lehr	4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 10, 1901	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Cashier	10b. KIND OF BUSINESS OR INDUSTRY Rock Island Frt. Ho.	11. BIRTHPLACE (State or foreign country) Davis County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles F. Lehr	13b. MOTHER'S MAIDEN NAME Lessie M. Strong	14. NAME OF HUSBAND OR WIFE Hazel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 708-10-7941	17. INFORMANT'S SIGNATURE OR NAME Mrs Hazel Lehr	ADDRESS 1814 Faraon St.
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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		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart Disease DUE TO (c) 4201		
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 checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from Wed night attend him, to 19, that I last saw the deceased alive on 19, and that death occurred at 3:15 P m., from the causes and on the date stated above.

23a. SIGNATURE S.P. Larson (Degree or title) M.D.	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 9-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 6, 1951	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Trenton, Missouri
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DATE REC'D BY LOCAL REG. Sept. 11, 1951	REGISTRAR'S SIGNATURE Carl C. Cash	25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home	ADDRESS 2335 St. Joseph Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 27 1963

APR 17 1963

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 Elmer Phocas

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2640

P. O. Address St. Joseph, 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. . . . .