

No. 300
10. 48

FILED MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7815

State File No.

BIRTH NO. _____ REG. DIST. NO. 97 PRIMARY REG. DIST. NO. 3016 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u> <u>0260</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>R. R. # 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 BLOCK JACKSON STR.</u>			

3. NAME OF DECEASED (Type or Print) <u>LAWRENCE LEHMEN LEHMEN</u>			4. DATE OF DEATH <u>MARCH 9, 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>OCT 18, 1935</u>		9. AGE (In years last birthday) <u>16</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u>	
11. BIRTHPLACE (State of foreign country) <u>OSAGE BEND, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT SCHOOL</u>	
13b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. 11. BIRTHPLACE (State of foreign country)	

13a. FATHER'S NAME <u>JOSEPH LEHMEN</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTA HAZELHORST</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPH LEHMEN</u> ADDRESS <u>J. C. MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injury to head in car accident</u>		INSET BETWEEN ONSET AND DEATH <u>5-10 min</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Coroner Inquest was held</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>121</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (Specify house, farm, factory, street, etc. (Rural, etc.)) <u>Jefferson Ct. - 703</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City Cole Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>3 - 9 52 SA</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car accident</u>	

22. I hereby certify that I attended the deceased from March 9, 1952 to March 9, 1952, that I last saw the deceased alive on March 9, 1952 and that death occurred at 5:25 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Edward R. Bohner med</u> (Degree or title)		23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>3-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSAGE BEND</u>	
				24d. LOCATION (City, town, or county) (State) <u>OSAGE BEND, MO.</u>	

DATE REC'D BY LOCAL REG. <u>March 12-52</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris MD</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u> ADDRESS <u>J. C. MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

7m
264
3

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 _____

Licensed Embalmer No. 4326

P. O. Address Jefferson City Mo

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.