

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25282**

FILED JUL 23 1952

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **229**

1. PLACE OF DEATH a. COUNTY Pettis 0804		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Pettis 1809	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia 0	
c. LENGTH OF STAY (In this place) 52 yrs		d. STREET ADDRESS (If rural, give location) 908 West 7th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) WALTER	b. (Middle) L.	c. (Last) LIERMAN	4. DATE OF DEATH (Month) (Day) (Year) July 11, 1952
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 15, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist	10b. KIND OF BUSINESS OR INDUSTRY Drug Store	11. BIRTHPLACE (State or foreign country) Lexington, Missouri 0	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John Lierman	13b. MOTHER'S MAIDEN NAME Annie Smith	14. NAME OF HUSBAND OR WIFE Mrs. Frances Lierman
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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. 491-07-4388	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Lierman, Sedalia, Mo	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) My pericardial Heart Disease			2 years
	DUE TO (c) Acute Dilatation of Heart			6 days ago.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage - Rt Hemisphere		7-7-52		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Medical treatment only.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X
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22. I hereby certify that I attended the deceased from **over 10 yrs**, 19 **42**, to **July 11, 1952**, that I last saw the deceased alive on **July 11, 1952**, and that death occurred at **9:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. B. Carlisle M.D.	(Degree or title) 0	23b. ADDRESS Sedalia Mo.	23c. DATE SIGNED 7-12-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 11, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia, Mo
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DATE REC'D BY LOCAL REG. July 14-52	REGISTRAR'S SIGNATURE H. B. Carlisle M.D.	25. FUNERAL DIRECTOR'S SIGNATURE SW Dechart	ADDRESS Sedalia, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

MAR 29 1956

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Russell C. Maag

Licensed Embalmer No. 4807

P. O. Address Sedalia, 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.