

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*D. Bacon*

32434

S. No. 300  
V. 10-48

FILED OCT 1 1952

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 251

782

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

1. PLACE OF DEATH a. COUNTY <u>Plumas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if not) a. STATE <u>Mo.</u> b. COUNTY <u>Plumas</u>	
b. CITY OR TOWN <u>Cantonsville</u>		c. CITY (If outside corporate limits, write BURIAL and give township) <u>Cantonsville 0782</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>109 E. 18th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 21 - 1952</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>REGINA</u> b. (Middle) <u>LEHMAN</u> c. (Last)		5. SEX <u>1</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct-27-1880</u>	
9. AGE (In years last birthday) <u>71</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Mins.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles Mo U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Herman Boche</u> 13b. MOTHER'S MAIDEN NAME <u>Mary Bloebaum</u> 14. NAME OF HUSBAND OR WIFE <u>Deed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kenneth Bacon</u> ADDRESS <u>Cantonsville</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
ANTECEDENT CAUSES (b) <u>Hypertension</u>		?	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>Arteriosclerosis</u>		?	
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 <u>451X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Sept 20</u> , 19 <u>52</u> , to <u>Sept 21</u> , 19 <u>52</u> that I last saw the deceased alive on <u>Sept 21</u> , 19 <u>52</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. Bacon</u> (Degree or title)		23b. ADDRESS <u>Cantonsville Mo.</u>	
23c. DATE SIGNED <u>9/27/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-23-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crematorium</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-27-1952</u>		REGISTRAR'S SIGNATURE <u>Jimmie B. Wheeler</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>LeForge Ind. Co.</u> ADDRESS <u>Cantonsville</u>			

9-289-52

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

NOV 21 1952

NOV 9 1952

SEP 29 1952

NOV 29 1954

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 Neil C. Deane

Licensed Embalmer No. 3941

P. O. Address Caruthersville, 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.