

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43173**

**FILED JAN 6 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **92**

890  
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1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Richmond Twp.</b>	c. LENGTH OF STAY (In this place) <b>50 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Richmond Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 miles south Richmond, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>0890</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) _____ c. (Last) <b>Lierman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 25, 1952</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 18, 1868</b>		9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>7</b>	IF UNDER 2 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Richmond, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Frederick Lierman</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ohle</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Schussler LIERMAN</b>			
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lonnie Butler, Richmond, Mo.</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES <b>arterio Sclerosis</b> 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. <b>Hypertensive</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>	
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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) <b>443X</b>	
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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 **Dec 24**, 1952, to **Dec 25, 1952**, that I last saw the deceased alive on **Dec 24**, 1952, and that death occurred at **8 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Deputy or title)		23b. ADDRESS _____		23c. DATE SIGNED <b>12-25-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-28-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Richmond, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Dec. 29, 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas J. Carter, Richmond, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.