S. No. 300
v. 10.48

FILED FEB 17 1953

STANDARD CERTIFICATE OF DEATH

State File No. 0472

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3427 Registrar's No. 23

0472

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City, Mo.
c. LENGTH OF STAY (in this place): 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 426 Tracey

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City, Mo.
d. STREET ADDRESS (If rural, give location): 426 Tracey

0472

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle): Olivia
c. (Last): Lehnert

4. DATE OF DEATH (Month) Feb. (Day) 4 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wiedowed
8. DATE OF BIRTH: 9/3/1880
9. AGE (In years last birthday): 72 — If under 1 year: Months 5, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweeden 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Anderson
13b. MOTHER'S MAIDEN NAME: Agusta Olivia
14. NAME OF HUSBAND OR WIFE: Gus Lehnert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Grace Scroggins — ADDRESS: Webb City Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MYOCARDITIS
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): HYPERTENSION
DUE TO (c): 443X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: INFLUENZA

INTERVAL BETWEEN ONSET AND DEATH: 10 DAYS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [redacted], 1947, *to* 2-4, 1953, *that I last saw the deceased alive on* FEB 4, 1953, *and that death occurred at* 8:35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Pence (Degree or title): D.O.
23b. ADDRESS: Carterville, Mo.
23c. DATE SIGNED: 2-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 7 1953
24c. NAME OF CEMETERY OR CREMATORY: Webb City Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Mo.

DATE REC'D BY LOCAL REG.: 2-7-53
REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer 474-0
25. FUNERAL DIRECTOR'S SIGNATURE: Johnston Arnce Simpson — ADDRESS: Mortuary Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-16-53
Jasper County Health Office
County File Number 53/2/152
Date Filed 2-16-53

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 Harvey E. Crane
Licensed Embalmer No. 4463
P. O. Address Weal 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.