

FILED JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24446

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2400</u>		Registrar's No. <u>653</u>			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		<u>0396</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>306 SOUTH STREET</u>				d. STREET ADDRESS (If rural, give location) <u>929 EAST WALNUT STREET</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>RICHARD</u>		b. (Middle)		c. (Last) <u>LIEPMAN</u>			
4. DATE OF DEATH		(Month) <u>JULY</u>		(Day) <u>13,</u>		(Year) <u>1953</u>			
5. SEX <u>MALE</u> <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 29, 1879</u>		9. AGE (In years last birthday) <u>73</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRY GOODS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HAMBURG, GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>ESAIAS LIEPMAN</u>		13b. MOTHER'S MAIDEN NAME <u>LISETTE SCHELLER</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE LIEPMAN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PAUL LIEPMAN</u> <u>SPRINGFIELD, MISSOURI</u>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				DUE TO (b) <u>Arterio-sclerosis - Coronary Arteries.</u>				<u>2 min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				?	
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>4201</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) m.		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>6/23</u> , 19 <u>52</u> , to <u>7/13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7/10</u> , 19 <u>53</u> , and that death occurred at <u>1:40 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H.P. Rodgers, M.D.</u>				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>7/14/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>7-14-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ALMA LOHMEYER-JEWELL WINDLE</u>		ADDRESS <u>SPRINGFIELD MISSOURI</u>			

(Licensed Embalmer's Statement on Reverse Side)

17, 1940

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 Carl D. Glenn
Carl D. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.