

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

JUL 25 1953
State File No. 302
Registrar's No. 153

FILED AUG 6 - 1953

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 302	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if not) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 55 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		049.9
d. FULL NAME OF HOSPITAL OR INSTITUTION 703 Fulton St			d. STREET ADDRESS (If rural, give location) 703 Fulton St		
3. NAME OF DECEASED (Type or Print) SAMUEL		a. (First)	b. (Middle) ERNEST	c. (Last) LAHRMAN	4. DATE OF DEATH (Month) (Day) (Year) July 28-1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 1-1866	9. AGE (In years last birthday) 86	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) piano tuner
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) piano tuner		10b. KIND OF BUSINESS OR INDUSTRY piano repair	11. BIRTHPLACE (City and State or Foreign Country) Bloomington, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Lahrman		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Maude Murchison Lahrman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. S.E. Lahrman, 703 Fulton, Carthage			
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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Menture Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 10 hrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis Cholelithiasis			DUE TO (c) Myocarditis Cholelithiasis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		5702
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 9-21 19 46, to 7-28 1953, that I last saw the deceased alive on 7-27 1953, and that death occurred at 6 a. m., from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) S.E. Lahrman			23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 7-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 30-1953	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery-		24d. LOCATION (City, town, or county) (State) Carthage, Mo	
DATE REC'D BY LOCAL REG. 7-29-53	REGISTRAR'S SIGNATURE Hoyd B. Chester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo		

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

RECEIVED AUG 5 1953

Jasper County Health Office

County File Number 553-8-640

Date Filed AUG 5 1953

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.