

No. 300  
10. 48

FILED SEP 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30856

360

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 6225 Registrar's No. 158

1080  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clermont</u>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Card</u>	
b. CITY (If outside corporate limits, write RURAL and give township and county) OR TOWN <u>rural Harrison 1-8-17</u>		c. CITY (If outside corporate limits, write RURAL and give township and county) OR TOWN <u>Harrison City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hospital #3 NEVADA</u>		d. STREET ADDRESS (If rural, give location) <u>01901</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fern</u> b. (Middle) <u>Yoder</u> c. (Last) <u>MO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-31-53</u>	
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5. SEX <u>71</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>Wid</u>	8. DATE OF BIRTH <u>6-30-1900</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Month Day	IF UNDER 2 HRS. Hour Min.
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10a. USUAL OCCUPATION (If no kind of work done during last year, give if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Garden City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Lehman</u>	13b. MOTHER'S MAIDEN NAME <u>Emma C. Hough</u>	14. NAME OF HUSBAND OR WIFE <u>Wid</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u>	ADDRESS <u>NEVADA MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension 00.220/130</u>		
	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	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)
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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?
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22. I hereby certify that I attended the deceased from 5-5-53 to 8-31-53, that I last saw the deceased alive on 8-31-53 and that death occurred at 9-0 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Hall M.D.</u>	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>5-31-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Aug 31-1953</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Cleator Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-2-53</u>	REGISTRAR'S SIGNATURE <u>Anna J. Ferris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin &amp; Lucy</u>	ADDRESS <u>Harrison City Mo.</u>
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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 Billy J. Slippy

Licensed Embalmer No. 4685

P. O. Address Harlem 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.