THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4934

State File No.

MAR 15 1954

BIRTH NO. 8809-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 762

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAINT LUKE'S Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Orrick, Rural
d. STREET ADDRESS (If rural, give location): 0840 1

3. NAME OF DECEASED (Type or Print)
a. (First): Baby
b. (Middle):
c. (Last): LEHMAN

4. DATE OF DEATH (Month) FEB. (Day) 18 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: FEB. 18, 1954
9. AGE (In years last birthday): Months / Days / If under 1 year: Hours / Min. 27 Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas City, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: CLARENCE LEHMAN
13b. MOTHER'S MAIDEN NAME: Grace YOUNG
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Clarence LEHMAN
ADDRESS: R.A. #2 ORRICK, 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) Ductus omphalo mesentericus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — DUE TO (b) Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) — INTERVAL BETWEEN ONSET AND DEATH:

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

7562

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* 2-18, 1954, *to* 2-18, 1954, *that I last saw the deceased alive on* 2-18, 1954, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Drury R. Thorn (Degree or title) M.D.
23b. ADDRESS 1107 Bryant Bldg
23c. DATE SIGNED 2-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 2-18-54
24c. NAME OF CEMETERY OR CREMATORY: HARDIN CEM.
24d. LOCATION (City, town, or county) (State): HARDIN, MO.

DATE REC'D BY LOCAL REG.: 2-18-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Quest-Lile
ADDRESS: RICHMOND, MISSOURI
(Licensed Embalmer's Statement on Reverse Side) Geo. D. Lile

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

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

DUE TO (c)

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

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20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
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24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR'S SIGNATURE: Quest-Lile
ADDRESS: Richmond, Mo.
(Licensed Embalmer's Statement on Reverse Side) Geo. D. Lile

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

omfd alone in terms

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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

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

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 George D. Lile

Licensed Embalmer No. 4066

P. O. Address Richmond, Mo

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

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