

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22161

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>849</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Washington Twn.)</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amelia</u> b. (Middle) <u>----</u> c. (Last) <u>Lehman.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 3, 1885</u>	9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jacob Gunselman</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Kenchle</u>	14. NAME OF HUSBAND OR WIFE <u>Albert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elizabeth Crystal-Elwood, Ks.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Operation for fractured hip</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9040 21</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>4 days</u>
19a. DATE OF OPERATION <u>7-30-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Inferior vena cava fracture of femur</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Troy (Rural) Doniphan (Doniphan) Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 26 - 54 7PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in home</u>		
22. I hereby certify that I attended the deceased from <u>7-26</u> , 19 <u>54</u> , to <u>7-30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-30</u> , 19 <u>54</u> , and that death occurred at <u>1:10a</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Paul Jorgensen M.D.</u>		23b. ADDRESS <u>St Joseph Mo</u>	23c. DATE SIGNED <u>8-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Doniphan County, Ks.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 4, 1954</u>	REGISTRAR'S SIGNATURE <u>Ernest M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harmon Funeral Home - Wathena, Ks.</u>		

425-0 (Licensed Embalmer's Statement on Reverse Side)

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

SEP 28 1954

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 Charles M. Harmon

Licensed Embalmer No. 4487

P. O. Address Wathena, Kansas

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.