

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11486**

FILED MAY 2 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, with RURAL and give township) <b>Washington</b>	c. LENGTH OF STAY (in this place) <b>40 yrs.</b>	c. CITY OR TOWN <b>Washington</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>0362</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>S. Francis Hospital</b>		STREET ADDRESS (If rural, give location) <b>Fifth &amp; Jefferson Sts.</b>	

3. NAME OF DECEASED (Type or Print) **KATHERINE ELISE LEFMAN**  
 a. (First) **KATHERINE ELISE** b. (Middle) **LEFMAN** c. (Last) **LEFMAN**  
 DATE OF DEATH **April 22, 1955**  
 (Month) (Day) (Year)

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct. 29, 1867** 9. AGE (In years last birthday) **87** 5 **23**  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Home Maker** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and State or Foreign Country) **Beaufort, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME \_\_\_\_\_ 13b. MOTHER'S MAIDEN NAME \_\_\_\_\_ 14. NAME OF HUSBAND OR WIFE **Julius F. Lefmann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) **No** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Charles H. Lefmann** ADDRESS **Washington, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Acute decompensation**  
 ANTECEDENT CAUSES DUE TO (b) **Myocardial degeneration** (6 mos)  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (c) **Senility, arterio sclerosis, myocarditis**  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. **None**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? **1**  
 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) **Washington (Missouri) (Missouri)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 **10-18, 1954**, to **April 22, 1955**, that I last saw the deceased alive on **April 22, 1955**, and that death occurred at **9:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **L. O. Micevich** (Degree or title) **M.D.** 23b. ADDRESS **205 Elm Washington Mo** 23c. DATE SIGNED **4-25-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **April 25, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Lutheran Cemetery** 24d. LOCATION (City, town, or county) (State) **Washington, Missouri**

DATE REC'D BY LOCAL REG. **4/25/55** REGISTRAR'S SIGNATURE **J. E. Lefmann** 25. FUNERAL DIRECTOR'S SIGNATURE **J. P. Hedman** ADDRESS **99 S. Michigan & Vitt. Ave., Washington, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed *Lester A. Witt*.....  
Licensed Embalmer No. *325*.....

P. O. Address *Washington*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.