

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12636**

FILED MAY 16 1955

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5752 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) Vichy	c. LENGTH OF STAY (in this place) 30 years	c. CITY OR TOWN Vichy	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 63		STREET ADDRESS (If rural, give location) Highway 63 0630	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) MATILDA	c. (Last) LENNAMAN	4. DATE OF DEATH (Month) (Day) (Year) May 6, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 18, 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 21 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Marshall County, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Andrew Warner	13b. MOTHER'S MAIDEN NAME Margaret Abear	14. NAME OF HUSBAND OR WIFE John B. Lennaman, dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ruth Lennaman	ADDRESS Vichy, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES DUE TO (b) Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis		
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) 331 X
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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?
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22. I hereby certify that I attended the deceased from 3/12/55, 1955, to 5-2/55, 1955, that I last saw the deceased alive on 5-2-55, 1955, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Pauline Howard, D.O.</i>	(Degree or title) D.O.	23b. ADDRESS Vienna, Missouri	23c. DATE SIGNED 5-9-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Walker Cemetery	24d. LOCATION (City, town, or county) (State) Maries County, Missouri
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DATE REC'D BY LOCAL REG. 5-9-55	REGISTRAR'S SIGNATURE <i>Pauline Howard</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul E. Null</i>	ADDRESS Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed..... *Paul E. New*

Licensed Embalmer No. *449*

P. O. Address..... *Rolla,*

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.