

FILED JUN 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17405

BIRTH NO. _____		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 4474		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SWEET SPRINGS.</u>		c. LENGTH OF STAY (in this place) <u>60 DAYS</u>		c. CITY OR TOWN <u>CONCORDIA</u>		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 <u>LANGE REST HOME</u>				No. STREET ADDRESS (If rural, give location) <u>710 ORANGE ST. 0541</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>LOHDEFFNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 26 1955</u>	
5. SEX <u>0</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 21, 1874</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ART PUBLISHING Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA, MO</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JOHN P. LOHDEFFNER</u>		13b. MOTHER'S MAIDEN NAME <u>EMELIA RADE</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA LOHDEFFNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>515-16-1163</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HEBERT LOHDEFFNER CONCORDIA, MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis 30 yrs.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tuberculosis Hepatitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>3 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200C</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March, 1955</u> , to <u>May 26, 1955</u> , that I last saw the deceased alive on <u>May 26, 1955</u> , and that death occurred at <u>6:12 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. S. James</u>				23b. ADDRESS <u>Sweet Springs, Mo</u>		23c. DATE SIGNED <u>May 27, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/30/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>	
DATE REC'D BY LOCAL REG. <u>May 27, 1955</u>		REGISTRAR'S SIGNATURE <u>Mary Massey</u>		509.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. S. James Concordia, Mo</u>	

(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. *7m* working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
E. S. James

Licensed Embalmer No. *205*

P. O. Address *Concordia*

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.