

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33669

State File No. _____

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 418

I. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Independence</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Independence</u> d. STREET ADDRESS (If rural, give location) <u>7000 9904 Winner Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samantha</u> b. (Middle) <u>Charlotte</u> c. (Last) <u>Lehman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-24-1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May-27-1866</u>
9. AGE (In years last birthday) <u>88</u>		10a. USUAL OCCUPATION (Of kind of work done during most of working life, even if retired) <u>Home wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Decatur - Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Coay</u>		13b. MOTHER'S MAIDEN NAME <u>Ester Willard</u>	
14. NAME OF HUSBAND OR WIFE <u>Jacob M. Lehman, dec.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry B. Lehman</u> ADDRESS <u>Indep. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease</u> ANTECEDENT CAUSES <u>Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Terminal Pneumonia i.d.</u> DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) <u>4200</u>	
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? _____			
22. I hereby certify that I attended the deceased from <u>Sept 21, 1955</u> , to <u>Sept 24, 1955</u> , that I last saw the deceased alive on <u>Sept 24, 1955</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas. Gratzke, M.D.</u> (Degree or title)		23b. ADDRESS <u>Independence, Mo</u>	
23c. DATE SIGNED <u>9/26/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Sept 25, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cpls Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cpls Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>9-25-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 354	

(Licensed Embalmer's Statement on Reverse Side)

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

10. 390
0. 48

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 *Raymond M. Hardy*.....

Licensed Embalmer No. *4913*.....

P. O. Address *Indep.*.....

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.