

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33911**

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **5644** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 miles S.E. of Lexington		d. STREET ADDRESS (If rural, give location) 8 miles S.E. of Lexington	

3. NAME OF DECEASED a. (First) Katie b. (Middle) Lefman c. (Last) Tempel			4. DATE OF DEATH (Month) (Day) (Year) October 6, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH August 23, 1877	9. AGE (In years last birthday) 78	10. MONTHS 1	11. DAYS 13	12. IF UNDER 1 YEAR Hours 13 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 own home	11. BIRTHPLACE (City and State or Foreign Country) New Haven, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frederick Lefman	13b. MOTHER'S MAIDEN NAME Louise Kampe	14. NAME OF HUSBAND OR WIFE William F. Tempel
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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 Forrest F. Tempel	ADDRESS Lexington, 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, ashenic, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mycocard Infarction DUE TO (c) General Atherosclerosis of Cord. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		

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)
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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?
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22. I hereby certify that I attended the deceased from **1953**, 19____, to **Oct 5**, 19**55**, that I last saw the deceased alive on **Oct 5**, 19**55**, and that death occurred at **10:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Lexington, Mo	23c. DATE SIGNED 11-4-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 8, 1955	24c. NAME OF CEMETERY OR CREMATORY Evangelical	24d. LOCATION (City, town, or county) (State) Higginsville, Missouri
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DATE REC'D BY LOCAL REG. 11-4-55	REGISTRAR'S SIGNATURE [Signature]	156 [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Lexington, Missouri
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(Licensed Embellisher's Statement on Reverse Side)

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

0547

Pa

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 *W. L. McKean*

Licensed Embalmer No. 2983

P. O. Address Kingston, New York

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 this body is not embalmed, fact should be so stated above.