

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5936

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 305 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>	c. CITY OR TOWN <u>Moberly</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>717 West Coates</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>717 West Coates</u>		0 88 0	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OPAL</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>LEHMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. - 5 - 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. - 2 - 1906</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Centralia Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Mullins</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Griffith</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Lehman</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Lehman</u>	ADDRESS <u>Moberly, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Standstill</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 minutes</u> <u>11 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Myocarditis</u> DUE TO (c) <u>Mitral insufficiency</u>		
	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) <u>410X</u>
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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 Jan 24, 1955, to Feb 6, 1956, that I last saw the deceased alive on Jan 25, 1956, and that death occurred at 6:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Jensen M.D.</u>	23b. ADDRESS <u>109 N. 5th St. Moberly, Mo</u>	23c. DATE SIGNED <u>2/6/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb. 8 - 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia Illinois</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb 8 - 56</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cooper</u>	ADDRESS <u>269 Cater Funeral Home Moberly Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2561 7 2 1951

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 *Jerry R. Carter*.....
Licensed Embalmer No. 4900

P. O. Address *Woburn, Pa.*

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.