

No. 300  
10-48

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5767

State File No. 38786

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. ~~2043~~ Registrar's No. 408

|   |  |  |                                     |
|---|--|--|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u> |                                     |
| b. CITY (If outside of corporate limits, give township) <u>South River Township</u><br>OR TOWN <u>Rural</u> |  | c. LENGTH OF STAY (in this place) <u>Life</u>  | c. CITY OR TOWN <u>Hannibal Mo.</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R # 2</u>  |  | e. STREET ADDRESS (If rural, give location) <u>R # 2 South River Township</u>  |                                     |

|                                     |                         |                         |                             |   |
|-------------------------------------|-------------------------|-------------------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Edwin</u> | b. (Middle) <u>John</u> | c. (Last) <u>Lehenbauer</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 19 - 56</u> |
|-------------------------------------|-------------------------|-------------------------|-----------------------------|---|

|                    |                               |   |                                      |   |                             |                             |
|--------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Feb 16, 1910</u> | 9. AGE (in years last birthday) <u>46</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|-----------------------------|

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Mo R # 2</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
|---|-----------------------------------|--|--|

|  |   |                             |
|--|---|-----------------------------|
| 13a. FATHER'S NAME <u>Fred C. Lehenbauer</u> | 13b. MOTHER'S MAIDEN NAME <u>Louise Kruse</u> | 14. NAME OF HUSBAND OR WIFE |
|--|---|-----------------------------|

|   |                                      |   |                              |
|---|--------------------------------------|---|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW #2</u> | 16. SOCIAL SECURITY NO. <u>WW #2</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Helen Lehenbauer</u> | ADDRESS <u>Hannibal, Mo.</u> |
|---|--------------------------------------|---|------------------------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* 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  |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mysocardial Infarction</u>   |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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>4201</u> |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

|  |                            |                                 |                                  |
|--|----------------------------|---------------------------------|----------------------------------|
| 23a. SIGNATURE <u>Walter Hamlin M.D.</u> | (Degree or title) <u>C</u> | 23b. ADDRESS <u>Palmyra Mo.</u> | 23c. DATE SIGNED <u>11/22/56</u> |
|--|----------------------------|---------------------------------|----------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-22-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>West Ely Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>West Ely, Mo.</u> |
|---|---------------------------|---|--|

|  |   |  |                              |
|--|---|--|------------------------------|
| DATE REC'D BY LOCAL REG. <u>11-23-56</u> | REGISTRAR'S SIGNATURE <u>Dr. Em. Lucke by W. Hamlin</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Clark</u> | ADDRESS <u>Hannibal, Mo.</u> |
|--|---|--|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

189.0

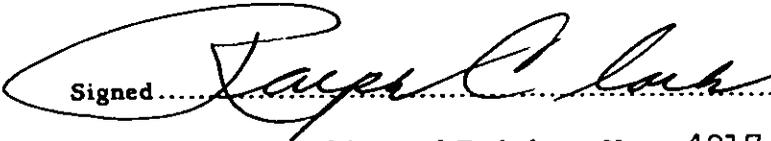
RECEIVED NOV 26 1955  
MARION CO. HEALTH DEPT.  
DATE FILED NOV 26 1955

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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.....

Licensed Embalmer No....4217.

P. O. Address...Hannibal,.. Mo

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.