

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42019

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNT Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town) Higginsville	c. LENGTH OF STAY (In this place) 10 yr.	c. CITY OR TOWN Higginsville	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		e. STREET ADDRESS (If rural, give location) Fairground Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) FRED	b. (Middle) HERMAN	c. (Last) LEMLER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17 56
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 29, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 11 Days 19	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Implement	11. BIRTHPLACE (City and State or Foreign Country) Cole Camp, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Fredrick Wm. Lemler	13b. MOTHER'S MAIDEN NAME Bertha Pohl	14. NAME OF HUSBAND OR WIFE Margarette Hasse Lemler
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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) _____	16. SOCIAL SECURITY NO. 494-16-7424	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas. Mueller 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		420.1	

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) _____ m.	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 1948, to 12-17, 1956, that I last saw the deceased alive on 12-17, 1956, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Arthur D. Hess</i>	(Degree or title) D. O.	23b. ADDRESS Higginsville, Mo.	23c. DATE SIGNED 12-18-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-20-1956	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Higginsville, Mo.
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DATE REC'D BY LOCAL REG. Dec 21-56	REGISTRAR'S SIGNATURE <i>Clayton A. Landrum</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Donna K. Wolfe</i> Higginsville, Mo.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

154

NOV 9 1957

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..... *Forest R. Hofer*

Licensed Embalmer No....480L...

P. O. Address Higginsville, 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.