

FILED FEB 18 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>ST, MARTINS, MO.</u> 0200 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u> Length of stay in lb <u>1 week</u>							
3. NAME OF DECEASED (Type or print) First <u>HERMAN</u> Middle <u></u> Last <u>LEHMANN</u>				4. DATE OF DEATH <u>FEB. 13, 1957</u> Month <u>FEB.</u> Day <u>13</u> Year <u>1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT. 13, 1884</u>	
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		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>0</u> IF UNDER 24 HRS: Hours <u>0</u> Min.		11. BIRTHPLACE (City and state or country) <u>Cole County, Mo.</u>	
13. FATHER'S NAME <u>Carl Lehmann</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
14. MOTHER'S MAIDEN NAME <u>Elizabeth Poetker</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Otto Lehmann</u> Address <u>St. Martins, Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ante incident Cardiac Vascular Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Submyocardial infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 yr.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2</u>					
20c. TIME OF INJURY. Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>10-6-56</u> to <u>2-13-57</u> and last saw her him alive on <u>2-13-57</u> Death occurred at <u>9:30 P M</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>L. B. Uebel M.D.</u>				22b. ADDRESS <u>712 W. High - Jefferson City, Mo.</u>		22c. DATE SIGNED <u>2-15-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/16/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Martins,</u>		23d. LOCATION (City, town, or county) (State) <u>St Martins, Mo.</u>	
24. FUNERAL DIRECTOR <u>Sylvester Dulle</u> ADDRESS <u>J C Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>16 February 1957</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Norris, MD - JR.</u>	

(Licensed Embalmer's Statement on Reverse Side)

with, self, public, service, 00, -56, 0, 68-0, Doctor, coroner, etc. must use only standard nomenclature in reporting diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Sylvester D. Miller*

Licensed Embalmer No. *430*

P. O. Address..... *Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.