Health, Welfare Public Service

300
1-57

4

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2440

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Richmond — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Clemmens Rest Home — Length of stay in Ib 3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Richmond — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2 miles south — Reside on Farm Yes ☒ No ☐

0890

3. NAME OF DECEASED (Type or print) First DORA Middle — Last LIERMAN

4. DATE OF DEATH Month January Day 16 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Nov. 16, 1878
9. AGE (In years last birthday) 79 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Richmond, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Schussler
13b. MOTHER'S MAIDEN NAME Catherine Clements
14. NAME OF HUSBAND OR WIFE Frank Lierman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Lonnie Butler, Rt.2, Richmond, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Virus Pneumonia + — INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 492X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pernicious Anemia
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

I attended the deceased from Jan 1-1958 to Jan 16-58 and last saw her alive on Jan 16-1958.
Death occurred at 2:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. E. Fay (Degree or title) M.D.
22b. ADDRESS Richmond Mo
22c. DATE SIGNED 1-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 18, 1958
23c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery
23d. LOCATION (City, town, or county) (State) Richmond, Mo.

24. FUNERAL DIRECTOR ADDRESS Thurman Funeral Home, Richmond, Mo.
25. DATE RECD. BY LOCAL REG. Jan. 20-1958
26. REGISTRAR'S SIGNATURE Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Received

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, [redacted] ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed *Wm. L. Thurman*
Signature of Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.