

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022887
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Swedeborg, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp. Length of stay in 1b 15 min.		d. STREET ADDRESS None. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Henry Middle Adam. Last Lercher.			4. DATE OF DEATH Month June Day 11, Year 1958		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1879	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and state or country) Dawson, Illinois. /	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Jacob Lercher.			14. MOTHER'S MAIDEN NAME Mary Ellen Fay.....		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. Unknown.	17. INFORMANT Address Elizabeth. Lercher. Swedeborg, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIC POISONING & CONVULSIONS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Kidney disease DUE TO (c) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 5 YRS. 10 YRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)	
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 1947 to June 11, 1958 and last saw him alive on June 11, 1958. Death occurred at 3:20 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Mikulovich, D.O.	22b. ADDRESS Crocker, Mo.	22c. DATE SIGNED 6-13-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/14/58	23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery.	23d. LOCATION (City, town, or county) (State) Richland, Missouri
24. FUNERAL DIRECTOR ADDRESS Hedges Funeral Home Richland, Mo		25. DATE RECD. BY LOCAL REG. 6-14-58	26. REGISTRAR'S SIGNATURE Paula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4580

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 *Clarence Amose*.....

Licensed Embalmer No. *429*

P. O. Address *Waynesville*

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.