

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044233

STATE FILE NUMBER

FILED JAN 5 1958 Station District No. 149 Primary Registration District No. 1002 Registrar's No. 5950

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <i>Emmerton Nursing Home</i>		Length of stay in lb <i>65 yrs.</i>		d. STREET ADDRESS (If outside give location) <i>121 N. White</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Christian</i> Middle <i>Hans</i> Last <i>Lembke</i>				4. DATE OF DEATH Month <i>12</i> Day <i>14</i> Year <i>1958</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3/14/1867</i>	9. AGE (In years last birthday) <i>91</i>	F UNDER 1 YEAR Months <i>-</i> Days <i>-</i> Hours <i>-</i> Min. <i>-</i>		IF UNDER 24 HRS. Hours <i>-</i> Min. <i>-</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Foreman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>		11. BIRTHPLACE (City and state or country) <i>Hemme, Germany</i>		12. CITIZEN OF <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Lembke</i>		13b. MOTHER'S MAIDEN NAME <i>Undenow</i>		14. NAME OF HUSBAND OR WIFE <i>Elizabeth Lembke</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>702-14-9784</i>		17. INFORMANT <i>Mrs. C. Lembke</i>		Address <i>225 E. 74th Terrace K.C. Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio renal disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>One year</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>old age</i>							
DUE TO (c)							
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 checked="" type="checkbox"/> NO <input 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.) <i>4424</i>				
20c. TIME OF INJURY Hour <i>-</i> a.m. <i>-</i> Month, Day, Year <i>-</i> p.m. <i>-</i>							
20d. INJURY OCCURRED WHILE AT <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 <i>Oct 1958</i> to <i>Dec 14 58</i> and last saw her alive on <i>12/13/58</i> Death occurred at <i>2 AM 12/14/58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <i>J. J. Farnsworth M.D.</i>			22b. ADDRESS <i>1103 Grand Ave</i>		22c. DATE SIGNED <i>12/15/58</i>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12-16-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Moriah Cemetery</i>		23d. LOCATION (City, town, or county) <i>Kansas City, Missouri</i>		(State)
24. FUNERAL DIRECTOR <i>C. H. Blackman &amp; Son Inc. K.C. Mo.</i>			ADDRESS		25. DATE RECD. BY LOCAL REG. <i>12-16-58</i>		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

J. J. Farnsworth USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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.....

P. O. Address .....

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.