

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013873

STATE FILE NUMBER

FILED MAY 4 1959

Registration District No.

164

Primary Registration District No.

3032

Registrar's No.

59

| | | | | | | | | |
|--|----------------------------------|---|--|--|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Johnson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Warrensburg | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center | | Length of stay in lb 8 Months | | d. STREET ADDRESS (If outside, give location) 112 Houx | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Margaret Middle Cleo Last Lehman | | | | 4. DATE OF DEATH Month May Day 2 Year 1959 | | | | |
| 5. SEX Female | 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 May 25, 1916 | | 9. AGE (In years last birthday) 42 | IF UNDER 1 YEAR Months 1 Days 1 | IF UNDER 24 HRS Hours 1 Min. 1 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (City and state or country) Eureka, Kansas | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Paul V. Clark | | | 13b. MOTHER'S MAIDEN NAME Wilma Ward | | 14. NAME OF HUSBAND OR WIFE Lawrence Edward Lehman | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mr. Lawrence Lehman Address Warrensburg, 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) Carcinomatous Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cancer Stomach DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 month 4 months | |
| 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 _____ a.m. _____ p.m. | | | | | | | | |
| 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 January 30, 1959 to May 2, 1959 and last saw her alive on May 2, 1959 Death occurred at 6 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) | | | | 22b. ADDRESS Warrensburg Mo | | 22c. DATE SIGNED May 3, 1959 | | |
| 23a. BURIAL, CREMATION, or other disposal (Specify) Burial | | 23b. DATE May 5, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Eureka, Cemetery | | 23d. LOCATION (City, town, or county) (State) Eureka, Kansas | | | |
| 24. FUNERAL DIRECTOR Sweeney-Phillips ADDRESS Warrensburg, MO | | | | 25. DATE RECD. BY LOCAL REG. May 2, 1959 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1968
MAY 1
SA

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 *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg*

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.