

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017158

FILED JUN 9 1959

Registration District No. 77 Primary Registration District No. 5305 STATE FILE NUMBER Registrar's No. 5

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R. R. 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ST MARTINS, MO. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LIBERTY TOWNSHIP		Length of stay in lb	d. STREET ADDRESS (If outside, give location) JEFFERSON TOWNSHIP Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EDWARD JOSEPH LEHMAN			4. DATE OF DEATH Month Day Year MAY 31, 1959	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 29, 1927	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months Days Hours Min. 5 2	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Martins, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Otto Lehman	13b. MOTHER'S MAIDEN NAME Rose Distler	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Korea	16. SOCIAL SECURITY NO. 199-24-6156	17. INFORMANT Otto Lehman	Address St. Martins, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH 4344
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) heart attack	
	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 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.) Was fishing with Elmer Stegeman & Ralph Toebben
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20c. TIME OF INJURY Hour Month, Day, Year 6 p.m. 5-31-59	on Osage River on Carl Prenger Farm several miles above lock and dam
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near Taos	20f. CITY, TOWN, OR LOCATION Cole	STATE Mo.
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at **approximately 6:00 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bess S. Markway Sheriff Acting Coroner	22b. ADDRESS Jefferson City Mo.	22c. DATE SIGNED 6-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/3/59	23c. NAME OF CEMETERY OR CREMATORY St. Martins,	23d. LOCATION (City, town, or county) (State) St. Martins, Mo.
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24. FUNERAL DIRECTOR Johnnie Dulle ADDRESS J C Mo.	25. DATE RECD. BY LOCAL REG. 3 May 1959	26. REGISTRAR'S SIGNATURE R.P. Davis, Md. Dr.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 27 1959

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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 Duella

Licensed Embalmer No. *4321*
P. O. Address *Jefferson City*

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.