URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1959

59–033274
STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 304

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Morgan
c. CITY OR TOWN Versailles — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 10 M.N.E. Versailles — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Mary Middle: Last: Lehman

4. DATE OF DEATH Month Sept. Day 19 Year 1959

5. SEX Female
6. COLOR OR RACE Cau.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8-17-1867
9. AGE (last birthday) 92
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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
11. BIRTHPLACE (City and state or country) Moniteau Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Peter Logan Bell
13b. MOTHER'S MAIDEN NAME Anna Beyler
14. NAME OF HUSBAND OR WIFE Will H. Lehman

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. Unknown
17. INFORMANT Bert Lehman Address Versailles, Mo.

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) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of left hip — 1 week
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) Fell at home, fractured hip 9/12/59
20c. TIME OF INJURY Hour 9 a.m. p.m. Month, Day, Year 9/12/59
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.) Home
20f. CITY, TOWN, OR LOCATION Versailles COUNTY STATE Mo.

21. I attended the deceased from 9/13/59 to 9/19/59 and last saw her alive on 9/19/59
Death occurred at 10 55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John E. Ramy (Degree or title) MD
22b. ADDRESS 1609 So. Limit Sedalia Mo.
22c. DATE SIGNED 9-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 21 Sept. 59
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
23d. LOCATION (City, town, or county) (State) Moniteau Co., Mo.

24. FUNERAL DIRECTOR Kidwell Funeral Home ADDRESS Versailles, Mo.
25. DATE RECD. BY LOCAL REG. 9-22-1959
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Raymond C. Harber
Signature of Student Embalmer

Licensed Embalmer No. 4626

P. O. Address Versailles, K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.