

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025307

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3256 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF H. A. Underwood MEDICAL CERTIFICATION

FILED JUL 20 1961

1. PLACE OF DEATH

a. COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in lb **50 YEARS**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. MARY'S HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** COUNTY **JACKSON**

c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **4507 AGNES AVENUE** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

LILLIAN ALMA LEHNER **JUNE 28 1961**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2/20/94** 9. AGE (last birthday) **67**

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) **AT HOME** 10b. KIND OF BUSINESS OR INDUSTRY **----** 11. BIRTHPLACE (City and state or country) **OMAHA, NEBRASKA** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **J. AUGUST KARLING** 13b. MOTHER'S MAIDEN NAME **EMMA WEEDING** 14. NAME OF HUSBAND OR WIFE **JOSEPH LEHNER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 17. INFORMANT **MORTON/LEHNER** Address **5642 MELROSE SHAWNEE, KANSAS**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Myocardial Infarction, Anteroseptal**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Coronary occlusion**

DUE TO (c) **Atherosclerotic Cardiovascular Disease**

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.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-15-61 to 6-28-61 and last saw her alive on 6/28/61

Death occurred at 3:45 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H.A. Underwood, M.D. 22b. ADDRESS 9100 E 24th K.C. MO 22c. DATE SIGNED 6/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **JUNE 30, '61** 23c. NAME OF CEMETERY OR CREMATOR **MT. MORIAH CEMETERY** 23d. LOCATION (City, town, or county) **KANSAS CITY MISSOURI**

24. FUNERAL DIRECTOR **D.W. NEWCOMER'S SONS** ADDRESS **1331 BRUSH CREEK KANSAS CITY, MO.** 25. DATE RECD. BY LOCAL REG. **6-30-61** 26. REGISTRAR'S SIGNATURE Ruth Long

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

Signature

Paul J. Honey

Licensed Embalmer No. 4724

P. O. Address 702 W. 11th

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.