

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-007554

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 50

AMENDED

FILED MAR 5 1962

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|--|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> | | Length of stay in 1b <u>15 years</u> | c. CITY OR TOWN <u>Moberly</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1108 Concannon Street</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1108 Concannon Street</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>William</u> Last <u>Lehnert</u> | | | 4. DATE OF DEATH Month <u>February</u> Day <u>22</u> Year <u>1962</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-13-1887</u> | 9. AGE (last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired paint & paper hanger</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Painter & Paperhanger</u> | 11. BIRTHPLACE (City and state or country) <u>Bicknell, Indiana</u> | 12. CITIZEN OF WHAT COUNTRY <u>United States</u> |
| 13a. FATHER'S NAME <u>Peter Lehnert</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Talkameyer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Louise Lehnert</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u> | | 16. SOCIAL SECURITY NO. <u>[redacted]</u> | 17. INFORMANT <u>Mrs. Louise Lehnert: Moberly, Missouri</u> Address <u>1108 Concannon St.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | | | DUE TO (b) <u>Atherosclerosis</u> | DUE TO (c) <u>D.K.</u> | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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.) | | | |
| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u> | 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from <u>June 2, 1961</u> to <u>Feb 22, 1962</u> and last saw him alive on <u>2/22/62</u> Death occurred at <u>4:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>P. C. Doeyer MD</u> | | | 22b. ADDRESS <u>Huntsville Mo</u> | | 22c. DATE SIGNED <u>2/23/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>2-24-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>West & North of Cairo, Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Tom B Patton</u> | | ADDRESS <u>Huntsville</u> | 25. DATE RECD. BY LOCAL REG. <u>2-24-62</u> | 26. REGISTRAR'S SIGNATURE <u>Peaburgh</u> | |

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAR 6 1962

MAR 15 1962

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.