

VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 5 0 1

FILED VS DEC 29 1959

Registration District No. 325 Primary Registration District No. 4478 Registrar's No. 49 STATE FILE NUMBER 49

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lancaster</u> Length of stay in 1b <u>3 yr.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u> c. CITY OR TOWN <u>Lancaster</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>home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Hattie</u> Middle <u>Adeline</u> Last <u>Lehr</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>17,</u> Year <u>1959</u>				
5. SEX <u>Female</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>3-10-1881</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>9</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Davis County, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Brunk</u>			13b. MOTHER'S MAIDEN NAME <u>Malinda Enlow</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Lehr</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>492-42-6730</u>		17. INFORMANT <u>Robert Lehr, Lancaster, Missouri</u> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrest</u> DUE TO (b) <u>Congestive Heart failure</u> DUE TO (c) <u>Coronary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>2 years</u> <u>2 years</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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> a.m. <u></u> p.m. Month, Day, Year <u></u>					
20d. INJURY OCCURRED WHILE AT WORK <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 3-23-59 to 12-17-59 and last saw her him alive on 12-16-59
 Death occurred at 7:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W.C. Stokes D.O.</u>	22b. ADDRESS <u>Lancaster, Mo.</u>	22c. DATE SIGNED <u>12-23-59</u>
--	--	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-20-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arni Memorial Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lancaster, Missouri</u>
---	-------------------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS <u>Norman Funeral Home, Lancaster, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-20-59</u>	26. REGISTRAR'S SIGNATURE <u>W.C. Stokes</u>
---	--	--

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank E. Foster

Licensed Embalmer No. 4742
P. O. Address Suberelle Mo

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.