

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 292

DO NOT WRITE ON THIS STUB		VS 300 Rev. 1/68		DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
9.	0			1. <u>MARTIN Jacob Lesmeister</u>		Male		3. <u>October 27, 1969</u>	
10a.	92	4. <u>0425</u>		RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY) (YEARS) MOS. DAYS		DATE OF BIRTH (MONTH, DAY, YEAR)	
10b.		5. <u>01</u>		4. <u>White</u>		5a. <u>92</u>		5b. <u>Sept. 13, 1897</u>	
11.	1	DECEASED		CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
12.	0			7a. <u>Clinton</u>		7c. <u>Yes</u>		7b. <u>Clinton General Hospital</u>	
13.	4123	USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		8. <u>Illinois</u>		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
14.		6. <u>0420</u>		9. <u>U.S.A.</u>		10. <u>Never</u>		11. <u>NONE</u>	
15.	4	PARENTS		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
16.				12. <u>Retired FARMER</u>		13b. <u>FARMING</u>			
17.				RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER	
18.	0			14a. <u>Missouri</u> 14b. <u>Henry</u>		14c. <u>Montrose</u>		14d. <u>No</u> 14e. <u>Rural</u>	
19.	CREDITS			FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
20.	1-0			15. <u>Valentine Lesmeister</u>		16. <u>Anna Mary Jansen</u>			
				INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
				17a. <u>MRS. BARBARA Hageboeck</u>		17b. <u>Montrose Missouri (Rural)</u>			
				PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
				18. IMMEDIATE CAUSE		(a) <u>Arterio-sclerotic heart disease</u>		<u>2 years</u>	
				CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) DUE TO, OF AS A CONSEQUENCE OF:			
						(c) DUE TO, OF AS A CONSEQUENCE OF:			
				PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		<u>None</u>		AUTOPSY (YES OR NO) 19a. <u>No</u>	
				ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	
				20a. <u>NO</u>		20b. <u>NO</u>		20c. <u>M. 20d.</u>	
				INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
				20e. <u>NO</u>		20f. <u>NO</u>		20g. <u>NO</u>	
				CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR TO MONTH DAY YEAR		AND LAST SAW HIM ALIVE ON MONTH DAY YEAR	
				21a. <u>6-12-69</u>		21b. <u>10-27-69</u>		21c. <u>10-24-69</u>	
				CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR	
				22a. <u>NO</u>		22b. <u>NO</u>		22c. <u>NO</u>	
				CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
				23a. <u>S. B. HUGHES</u>		23b. <u>S. B. Hughes</u>		23c. <u>MD.</u>	
				MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		DATE SIGNED (MONTH, DAY, YEAR)	
				23a. <u>106 S. 3rd</u>		23b. <u>CLINTON MO</u>		23c. <u>10-30-69</u>	
				BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
				24a. <u>Burial</u>		24b. <u>St. Marys Cemetery</u>		24c. <u>Montrose Missouri</u>	
				DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
				24d. <u>October 30, 1969</u>		24e. <u>Montrose Funeral Chapel Montrose Missouri</u>			
				FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
				25a. <u>W.E. Nichols</u>		25b. <u>Mildred Bigum</u>		25c. <u>Oct. 30, 1969</u>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DEC 10 1969

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 *P. E. Nichols*

Licensed Embalmer No. 4897

P. O. Address Clinton, Md.

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.

Permit obtained 10-30-69 (MS)