

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

30409

State File No. ....

FILED OCT 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 65

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Holt Holt</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 time</u>		c. CITY OR TOWN <u>Oregon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION.		e. STREET ADDRESS (If rural, give location) <u>0440</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>George</u>			b. (Middle)			c. (Last) <u>Lehmer</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>October 2 1954</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>		<b>8. DATE OF BIRTH</b> <u>October 4, 1870</u>		<b>9. AGE</b> (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months Days	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Loans &amp; Banking</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Real Estate Broker</u>			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Oregon Missouri</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		

<b>13a. FATHER'S NAME</b> <u>Solomon Lehmer</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Hill</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Carrie v. Lehmer</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>497-12-295</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. George Lehmer</u>	
				<b>ADDRESS</b> <u>Oregon Missouri</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>HYPERTENSIVE PNEUMONIA</u>						<u>2 DAYS</u>	
		<b>ANTECEDENT CAUSES</b> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>CEREBRAL HEMORRHAGE.</u>						<u>15 MO.</u>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			

22. I hereby certify that I attended the deceased from JUNE, 1953, to OCT. 2, 1954, that I last saw the deceased alive on OCT 2, 1954, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. H. E. Collier M.D.</u>		<b>23b. ADDRESS</b> <u>OREGON MO.</u>		<b>23c. DATE SIGNED</b> <u>10-3-54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>24b. DATE</b> <u>Oct. 4 1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oregon</u>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>Oregon Missouri</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>10-5-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>James H. Pettigrew</u>		<b>55. FUNERAL DIRECTOR'S SIGNATURE</b> <u>James H. Pettigrew</u>	
				<b>ADDRESS</b> <u>Oregon Mo</u>	

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

FEB 4 1957

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 *James H. Pittzinger*  
Licensed Embalmer No. *319*  
P. O. Address *Oregon*

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.