

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17554

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 0792 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Pilot Grove) c. LENGTH OF STAY (In this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) 0680 OR TOWN Rural Pilot Grove Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 M. S. West Latham, Mo.		d. STREET ADDRESS (If rural, give location) 5 M. S. W. Latham, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) Gerber c. (Last) Lehman	4. DATE OF DEATH (Month) May (Day) 29 (Year) 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH June 12, 1861	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 11 Days 17	IF UNDER 24 HRS. Hours 17 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wayne Co., Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Christian Gerber	13b. MOTHER'S MAIDEN NAME Barbara Hoffstetter	14. NAME OF HUSBAND OR WIFE Ulrich Lehman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Homer Lehman ADDRESS Latham, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			446X

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

22. I hereby certify that I attended the deceased from **May 2, 1945** to **May 29, 1950**, that I last saw the deceased alive on **May 29, 1950**, and that death occurred at **4 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. J. Bennett M.D. (Degree or title)	23b. ADDRESS California, Mo	23c. DATE SIGNED 5/30/50
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE June 1, 1950	24c. NAME OF CEMETERY OR CREMATOR Bethel	24d. LOCATION (City, town, or county) (State) Moniteau Co., Missouri
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DATE REC'D BY LOCAL REG. June 1-50	REGISTRAR'S SIGNATURE W. F. Kidwell	25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kidwell ADDRESS Versailles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0680

District File Number _____
RECEIVED JUN 7 1936
District Health Officer No. 9

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.

Signed Raymond C. Harber

Signed _____
Student Embalmer

Licensed Embalmer No. 4626

P. O. Address Versailles, 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 this body is not embalmed, fact should be so stated above.