

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>FORTUNA</u>	c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>FORTUNA</u>	<u>0680</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>U</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u> b. (Middle) <u>D.</u> c. (Last) <u>LEHMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 5 - 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 3rd 1893</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>2</u>	IF UNDER 24 Hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>PETER WELBY</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH LEHMAN</u>	14. NAME OF HUSBAND OR WIFE <u>EDWIN E. LEHMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Edwin E. Lehman - Fortuna, Mo</u>	ADDRESS <u>Fortuna, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced arteriosclerosis</u>		<u>20 yrs.</u>
	DUE TO (c) <u>hypertension</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 1951 to April 1952, that I last saw the deceased alive on March 18 5 and that death occurred at 1 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack Gunn MD</u> (Degree or title)	23b. ADDRESS <u>Versailles Mo</u>	23c. DATE SIGNED <u>4.5.52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>General</u>	24b. DATE <u>Apr 6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morgan County Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 8, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs Maude Hudson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.F. KIDWELL</u> ADDRESS <u>VERSAILLES, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0680 /

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
Student Embalmer

Signed.....

Licensed Embalmer No. 4021

P. O. Address Cresilles, 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.