

FILED MAR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5412

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 103	
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 township) OR TOWN <u>California</u>		c. LENGTH OF STAY (In this place) <u>16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Pilot Grove</u>		06:00	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 S. East</u>				d. STREET ADDRESS (If rural, give location) <u>4 mi. S.W. of Lathan</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOSES</u>		b. (Middle) <u>EDMUND</u>		c. (Last) <u>LEHMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 1 1951</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 24, 1854</u>	
9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Somerset Ohio</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Peter Lehman</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Loganbill</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Loganbill</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elvin Lehman</u>		ADDRESS <u>California, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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 hemorrhage</u>				2 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> and DUE TO (c) <u>Chronic unpeared</u>				4221	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>California Moniteau Mo.</u>			
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?			
22. I hereby certify that I attended the deceased from <u>10-10</u> , 19 <u>50</u> , to <u>3-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-1</u> , 19 <u>51</u> , and that death occurred at <u>3 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R.S. Fulk</u> (Degree or title) <u>Med</u>				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>3-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Moniteau</u>		24d. LOCATION (City, town, or county) (State) <u>Moniteau County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-3-51</u>		REGISTRAR'S SIGNATURE <u>H.R. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. E. Wilson California, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-8-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-8-51 _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

A. E. Wilson

Signed _____
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, 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.