

FILED OCT 29 1968

124

68 0040143

CERTIFICATE OF DEATH

Registration District No. 17 Primary Registration District No. 3016 Registrar's No. 447

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Louise 666 Lehman			2. Female	3. October 22, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White	5a. 82	5b.	5c.	6. March 27, 1886		7a. Cole County
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. Jefferson City Mo			7b. Charles E. Still Hospital, Jefferson City Mo			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. U.S.A.		9. U.S.A.		10. Widowed		11.
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
17. Unknown		13a. Housewife		13b. None		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	
14a. Mo		14b. Cole	14c. Russellville, Mo		14d. Yes 14e. Russellville	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Fred Rohrbach			16. Caroline Ossick			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Richard Lehman			17b. Russellville, Mo 65074			
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) Cerebral Malacia						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Cerebral Thrombosis						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Arteriosclerosis Obliterans						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)						AUTOPSY (YES OR NO) 19a. No
Diabetes Mellitus						IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	20d.			
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]			
20a.	20b.	20c.	20d.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH DAY YEAR	I DID/DO NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. 10-18-68	21b. 10-22-68	21c. 10-22-68	21d. Did	21e. 10:05 A.M.		
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 DECEDENT WAS PRONOUNCED DEAD		MONTH DAY YEAR HOUR
22a.			22b.	22c.		22d.
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. William H. Voss DO			23b. [Signature]		23c. 10-22-68	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
23d. 316 Jackson St.			23e. Jefferson City	23f. Mo.	23g. 65101	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial	24b. Allee Cemetery		24c. California Mo			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. October 24, 1968	24e. Scrivner Funeral Home, Russellville, Mo		24f. 65074			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. [Signature]		25b. [Signature]		25c. 10-25-68		

DO NOT WRITE ON THIS STUB

9. 1

10a. 82

10b.

11. 0

12. 2

13. 4339

14.

15. 4

16.

17.

18. 2

19. CREDITS

20. 1-0

VS 300
Rev. 1/68

4. 0269

5. 1

6. 0260

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

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

OCT 3 0 1968

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 R. Scoville

Licensed Embalmer No. 4880

P. O. Address Verona, N.J.

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.