

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17574

State File No.

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810 Registrar's No. 22

0700

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo. Rural</u>	
c. LENGTH OF STAY (In this place) <u>46 Yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Louise T.P.</u>		d. STREET ADDRESS (If rural, give location) <u>0700</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u> b. (Middle) <u>L</u> c. (Last) <u>Lenger.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26th, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Feb 2nd, 1864</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Warren Co., 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Christian Fahrmeier.</u>	13b. MOTHER'S MAIDEN NAME <u>Friedeka Pape.</u>	14. NAME OF HUSBAND OR WIFE <u>William H. Lenger.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Lenger McKittrick</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4250</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	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) <u>None</u>	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) <u>None</u>	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 3-13, 1948, to 5-26, 1950, that I last saw the deceased alive on 4-26, 1950, and that death occurred at 3:02P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carvel T. Shaw MD</u>	23b. ADDRESS <u>Hermann, Mo.</u>	23c. DATE SIGNED <u>5-29-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 29-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meyers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Rhineland, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-29-50</u>	REGISTRAR'S SIGNATURE <u>Mrs Eunice Bush</u>	432	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard</u>	ADDRESS <u>Americus, Mo.</u>
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MAR 2 1937

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 _____

D. B. Baker,

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.