

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23110

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 1301 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Cole County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lohman- Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lohman- Rural</u> <u>0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nickolaus</u> b. (Middle) _____ c. (Last) <u>Droeger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1950</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>11-12-1851</u>	9. AGE (In years last birthday) <u>93</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>9</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 <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Centertown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Eberhardt Groeger</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Koehler</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Fischer Groeger</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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Arthur Schepeler- Lohman, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</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.		<u>391X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	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 July 18, 1950, to July 21, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Leske M.D.</u> (Degree or title)	23b. ADDRESS <u>Russellville Mo.</u>	23c. DATE SIGNED <u>July 22-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Lohman- Cole County, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 23</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie H. Teneney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo Schubert</u> ADDRESS <u>Russellville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-2
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-2-57

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. 2820

P. O. Address Riverview, Me

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.