

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3616

State File No.

090

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

BIRTH NO. _____		REG. DIST. NO. <u>367</u>		PRIMARY REG. DIST. NO. <u>623</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Rural Elkhorn Grove</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Rural Elkhorn Grove</u>		<u>1090</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>Henry</u>		b. (Middle) <u>William</u>		c. (Last) <u>Lohman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 6 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Dec 19 1867</u>	
9. AGE (In years last birthday) <u>83</u>		10. UNDER 1 YEAR (Months) (Days)		11. BIRTHPLACE (State or foreign country) <u>Warren Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Warren Co, Mo</u>			
13a. FATHER'S NAME <u>William Lohman</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Meier</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carrie Gruenefeld Jonesburg Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio Insufficiency</u>				<u>42 11</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(product of Coronary artery)</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>due to heart condition</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>Elkhorn Township Warren 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?				21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. R. K. Krigge Chronic 3</u>				23b. ADDRESS <u>Warrentown Mo</u>		23c. DATE SIGNED <u>1-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 1</u>		24b. DATE <u>Jan 9 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 9-1951</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg Furn & Und Co</u>		ADDRESS <u>Wright City Mo</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 24 1951

RECEIVED

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, by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Julius J. Nieburg

Licensed Embalmer No. 33066

P. O. Address Wright City, 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.