

FILED MAY 22 1951

STANDARD CERTIFICATE OF DEATH

19242
State File No.

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236 Registrar's No. 2

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 town) <u>Rural (Charrette)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Charrette)</u> <u>1090</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles west of Hopewell, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles west of Hopewell</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Simon</u>		b. (Middle) <u>Earnest</u>	
		c. (Last) <u>Lichtenberg</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1951</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 31, 1888</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Simon Lichtenberg</u>		13b. MOTHER'S MAIDEN NAME <u>Lisette Lieneke</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Knapheide</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Lichtenberg</u> ADDRESS <u>RR#3 Warrenton, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease acute coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 years</u> ANTECEDENT CAUSES <u>Rheumatic Fever</u> 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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4013</u>	
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)	
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>May 15</u> , 19 <u>51</u> , to <u>May 16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 14</u> , 19 <u>51</u> , and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Marionville Mo</u>	23c. DATE SIGNED <u>5-18-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel's E & R Church</u>	24d. LOCATION (City, town, or county) (State) <u>Holstein, Mo.</u>
DATE REC'D BY LOCAL REG. <u>5/18/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F.W. Nieburg & Co.</u> ADDRESS <u>Warrenton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1090

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 21 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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John J. Lieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.