

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19627**

FILED JUN 26 1957

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5782** Registrar's No. **48**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Shawneetown</b>	c. LENGTH OF STAY (If this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Shawneetown</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson mo R#1</b>		d. STREET ADDRESS (If rural, give location) <b>Jackson mo R#1 1060</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Alors</b> c. (Last) <b>Lichtenegger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 17 1957</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 24 1877</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Bokehontas Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Joseph Lichtenegger</b>	13b. MOTHER'S MAIDEN NAME <b>Marie Pily</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Hubauer</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Herbert Lichtenegger</b>	ADDRESS <b>Bokehontas Mo</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</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 <b>331X</b>	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)	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 **Feb 2, 1957**, to **June 16, 1957**, that I last saw the deceased alive on **June 16, 1957**, and that death occurred at **9:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R D Blaylock MD</b>	(Degree or title)	23b. ADDRESS <b>Oak Ridge MO</b>	23c. DATE SIGNED <b>6-18-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 19 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bokehontas Mo</b>
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DATE REC'D BY LOCAL REG. <b>June 20 57</b>	REGISTRAR'S SIGNATURE <b>D. E. Schubert</b>	43	25. FUNERAL DIRECTOR'S SIGNATURE <b>McCombs &amp; Co</b>	ADDRESS <b>Jackson mo.</b>
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RECEIVED

JUN 25 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

*BA Meyer*

Licensed Embalmer No. 3057

P. O. Address Jackson 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.