

MAILED SEP 6 1951

# STANDARD CERTIFICATE OF DEATH

4411 State File No. **27872**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **5449** Registrar's No. **17**

1. PLACE OF DEATH  
 a. COUNTY **Pike 0820**  
 b. CITY OR TOWN **Bowling Green**  
 c. LENGTH OF STAY (in this place) **5 yrs.**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri** b. COUNTY **Montgomery Co**  
 c. CITY OR TOWN **South College ST 082**  
 d. STREET ADDRESS **Bowling Green 0**

3. NAME OF DECEASED  
 a. (First) **Albert** b. (Middle) **M. Lomberger** c. (Last) **Lomberger**

4. DATE OF DEATH (Month) (Day) (Year)  
**Aug. 8-1951**

5. SEX **Male**  
 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Widower**

8. DATE OF BIRTH **12-15-1881**

9. AGE (In years last birthday) **69** UNDER 1 YEAR **69** OF UNDER 1 HR. **9** MIN. **29**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)  
**Carpenter**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
**Missouri 0**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME  
**Fred Lomberger**

13b. MOTHER'S MAIDEN NAME  
**Emily Bridges**

14. NAME OF HUSBAND OR WIFE  
**Mary S. Austin Debb.**

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 ADDRESS  
**Record**

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  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Cerebral Apoplexy**  
 ANTECEDENT CAUSES **Hypertension**  
 DUE TO (b) **Hypertension**  
 DUE TO (c)  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**6 hrs**  
**3 yrs**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
**334X**

20. AUTOPSY?  
 YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 5**, 19**51** to **Aug 8**, 19**51** that I last saw the deceased alive on **Aug 27**, 19**51**, and that death occurred at **6:15** m., from the causes and on the date stated above.

23a. SIGNATURE **J. M. Malheur** (Degree or title)

23b. ADDRESS **Bowling Green Mo**

23c. DATE SIGNED **8-10-51**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE **8-11-1951**

24c. NAME OF CEMETERY OR CREMATORY **Hugo Cemetery**

24d. LOCATION (City, town, or county) (State)  
**Montgomery Co. Mo**

DATE REC'D BY LOCAL REG. **8/27/51**

REGISTRAR'S SIGNATURE **Bill Johnson 254**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**H. B. Elmore - Bowling Green**

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

Date Received: SEP 4 1961  
DISTRICT HEALTH OFFICE #2  
District File Number 9-57-1561  
Date Filed: SEP 5 1961

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 H. B. Elnore

Signed.....  
Student Embalmer

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.