

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21265

State File No. _____

FILED JUN 26 1952

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Montgomery					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Loutre Twp		c. LENGTH OF STAY (in this place) 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Loutre Twp 0700					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 mi. North of McKittrick				d. STREET ADDRESS (If rural, give location) 1 1/2 mi. North of Mc Kittrick					
3. NAME OF DECEASED (Type or Print)			a. (First) GUSTAVE	b. (Middle) ADAM	c. (Last) LINGENFELDER	4. DATE OF DEATH (Month) (Day) (Year) June 20 1952			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 19, 1878			
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Hermann, Mo			
11. BIRTHPLACE (State or foreign country) Hermann, Mo		12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Louis Lingenfelder		13b. MOTHER'S MAIDEN NAME Mina Buschmeyer			
14. NAME OF HUSBAND OR WIFE Emma Lingenfelder		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Lingenfelder, Mc Kittrick, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.A. of stomach 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. Anemia Senility				INTERVAL BETWEEN ONSET AND DEATH 8 Mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Diagnosis by X-ray				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 151X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 June 3, 1952 , to June 17, 1952 , that I last saw the deceased alive on June 17, 1952 , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE John P. Ryan M.D.				23b. ADDRESS Hermann Mo		23c. DATE SIGNED 6-21-52			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 6-23-52		24c. NAME OF CEMETERY OR CREMATORY Hermann City Cemetery		24d. LOCATION (City, town, or county) (State) Hermann Mo			
DATE REC'D BY LOCAL REG. 6/22/52		REGISTRAR'S SIGNATURE Mrs. Eunice Bush		5. GENERAL DIRECTOR'S SIGNATURE Negot. Stummer		ADDRESS Hermann, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

5700
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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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Hugo H. Clever

Licensed Embalmer No. 3160.

P. O. Address. Hermann, 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.