

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18780**

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **4346** Registrar's No. _____

0700
1

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

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery 0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Theodore c. (Last) Lauer	4. DATE OF DEATH (Month) (Day) (Year) May 8, 1953
--------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5, 1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Mins.
--------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	------------------------	----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber (retired)	10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (City and State or Foreign Country) Montgomery City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	--------------------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME Louis Lauer	13b. MOTHER'S MAIDEN NAME Fredericks (unknown)	14. NAME OF HUSBAND OR WIFE Mrs. Maria Lauer
---------------------------------------	-------------------------------------------------------	-----------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 490-30-8415	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maria Lauer	ADDRESS Montgomery City, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Disease DUE TO (c) Arteriosclerosis		2-3 day 3-4 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	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) Montgomery City (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 **9-19**, 19**38**, to **May 8, 1953** that I last saw the deceased alive on **May 8, 1953**, and that death occurred at **9:30** m., from the causes and on the date stated above.

23a. SIGNATURE E. P. Andersen (Degree or title)	23b. ADDRESS Montgomery City, Mo.	23c. DATE SIGNED May 9, 1953
--------------------------------------------------------	------------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 10, 1953	24c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery	24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.
---------------------------------------------------------	-------------------------------	---------------------------------------------------------------	---------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 5/16/53	REGISTRAR'S SIGNATURE Laura B. Callaway 434-0	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
-----------------------------------------	-------------------------------------------------------------	----------------------------------	---------

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

E. Brown Schluender

Licensed Embalmer No. *41-36*

P. O. Address *Montgomery 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.