No. 300
10.48

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26138

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 220

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): Since 8/25/54
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. O. H.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greentop
d. STREET ADDRESS (If rural, give location): R. F.D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): H.
c. (Last): Lonberger

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5, 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 3, 1888
9. AGE (In years last birthday): 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Centerville, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Lonberger
13b. MOTHER'S MAIDEN NAME: Sarah Basanko
14. NAME OF HUSBAND OR WIFE: Evah Tarr Lonberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: 499-07-0187
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Evah Lonberger, Greentop, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) 2nd & 3rd degree Burns. — 46 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E9161 3

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) Greentop (COUNTY) Adair (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 25 54 4:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Cleaning tractor motor with gasoline & wire brush - ignited & clothing caught fire.

22. *I hereby certify that I attended the deceased from* April 12, 1949, *to* Aug. 5, 1954, *that I last saw the deceased alive on* Aug. 5, 1954, *and that death occurred at* 7:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard E. Gross, D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 8-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/7/54
24c. NAME OF CEMETERY OR CREMATORY: Mulberry
24d. LOCATION (City, town, or county) (State): Adair County, Mo.

DATE REC'D BY LOCAL REG.: 8-16-54
REGISTRAR'S SIGNATURE: Tate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Paul M. Tiley, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Kenneth E. Hayes

Signed .....
Student Embalmer

Licensed Embalmer No. 4890

P. O. Address Kirkwille, 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.