

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

28322

State File No.

FILED AUG 16 1954

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 64

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Moniteau Co</u>	b. CITY OR TOWN <u>Rural Linn</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Moniteau</u>
c. LENGTH OF STAY (In this place) <u>0</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rt # 1. Jamestown, Mo</u>		e. STREET ADDRESS (If rural, give location) <u>0680</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Arthur</u>	b. (Middle) <u>Henry Fred</u>	c. (Last) <u>Lenger</u>	(Month) <u>July</u>	(Day) <u>18</u>	(Year) <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 7 1909</u>		9. AGE (In years less birthday) <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charley Lenger</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Knorp</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>Yes World War Two</u>	16. SOCIAL SECURITY NO. <u>496,05,5770</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Lenger</u>	ADDRESS <u>Woodbridge, Mo.</u>
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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 <u>5 MINUTES</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushing injury to head from auto accident</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8234 31</u>			

19a. DATE OF OPERATION <u>7</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Jamestown Moniteau 068 Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 18 1954 2:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto hit Culvert</u>

22. I hereby certify that I attended the deceased from death upon arrival, 1954, and that death occurred at 2:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kennon Latham M.D. Surgeon</u>	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>7-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/20/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plesent Grove Cent.</u>	24d. LOCATION (City, town, or county) (State) <u>Prarie Home. Rural. Mo</u>
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DATE REC'D BY LOCAL REG. <u>7/30/54</u>	REGISTRAR'S SIGNATURE <u>H. L. Pappas</u>	506	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Baslin</u>	ADDRESS <u>California</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

680

2010

Aug 17 1957

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.....
Signature of Student Embalmer

Signed *Jack A. Bowlin*.....
Licensed Embalmer No. *793*

P. O. Address *California*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.