

STANDARD CERTIFICATE OF DEATH

768

FILED FEB 14 1956

State File No. 4

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>5305</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN <u>R. R. # 3 Jefferson city</u>		c. LENGTH OF STAY (in this place) <u>68</u> Yrs		c. CITY OR TOWN <u>R #3 Jefferson City</u>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> No <input type="checkbox"/> Yes	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LIBERTY TOWNSHIP</u>				e. STREET ADDRESS (If rural, give location) <u>LIBERTY TOWNSHIP</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BERNARD</u>		b. (Middle) <u>JOHN</u>		c. (Last) <u>LAGE</u>	
4. DATE OF DEATH		(Month) <u>JAN.</u>		(Day) <u>27,</u>		(Year) <u>1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 2, 1861</u>	9. AGE (In years last birthday) <u>94</u>	10. UNDER 1 YEAR <u>11</u> Months <u>25</u> Days	11. UNDER 1 HRS. <u>1</u> Hour <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>BAWINKEL, GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>THOMAS LAGE</u>		13b. MOTHER'S MAIDEN NAME <u>THERESA GORDES</u>		14. NAME OF HUSBAND OR WIFE <u>HELEN SCHNIEDERS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EDWIN LAGE R#3 JEFFERSON CITY, MO.</u> ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic arteriosclerosis</u>		a. <u>Cardio-vascular disease</u>				<u>10 yrs</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Emphysema</u>				<u>10 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Senility</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____			
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 <u>May 1956</u> to <u>1-27</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-26</u> , 19 <u>56</u> , and that death occurred at <u>12:42</u> <u>PM</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>Edward R. Bohne</u> (Degree or title) _____				23b. ADDRESS <u>512 Jefferson City Mo</u>		23c. DATE SIGNED <u>1-30-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/30/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SR FRANCIS XAVIER</u>		24d. LOCATION (City, town, or county) (State) <u>TAOS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>7 Feb 1956</u>		REGISTRAR'S SIGNATURE <u>R.G. Dorris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lyvester Hull</u>		ADDRESS <u>J. CO. MO.</u>	

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

MDR 13 1957

APR 10 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..... *Sylvester Dull*

Licensed Embalmer No. 432

P. O. Address *Jefferson City*

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.