

FILED MAR 6 1956

STANDARD CERTIFICATE OF DEATH

5637

State File No. 5500

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. _____ Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Lafayette

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Lafayette

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clay

c. CITY OR TOWN Napoleon Clay Township

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Napoleon, Mo.

e. STREET ADDRESS (If rural, give location) R.F.D. Napoleon, Mo. 0570

3. NAME OF DECEASED
a. (First) OTTO b. (Middle) AUGUST c. (Last) LOHSANDT

4. DATE OF DEATH (Month) (Day) (Year) January 31, 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH Sept. 6, 1879

9. AGE (In years last birthday) 76

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 Farming

11. BIRTHPLACE (City and State or Foreign Country) Herman, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Lohsandt

13b. MOTHER'S MAIDEN NAME Marie Hoffman

14. NAME OF HUSBAND OR WIFE Martha Lohsandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Borgman Lohsandt

ADDRESS Rural Napoleon, 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) Coronary Thrombosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic heart disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Sudden

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.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1956 to _____, 19____, that I last saw the deceased alive on 1/31, 1956 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Sheppard

23b. ADDRESS 4 Spring Lane Mo

23c. DATE SIGNED 2/1/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/3 1956

24c. NAME OF CEMETERY OR CREMATORY St. Paul's Evangelical

24d. LOCATION (City, town, or county) (State) Napoleon, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Feb. 29 1956 Emma Davidson by 45 Margaret Davidson

25. FUNERAL DIRECTOR'S SIGNATURE J.C. Sheppard Wellington, Mo. ADDRESS

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..

Student.....
Signature of Student Embalmer

Signed *J. Clair Hippen*.....

Licensed Embalmer No. *412*.....

P. O. Address *Wellington*.....

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.