

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1957

FILED JUN 3 1957

STATE FILE NUMBER

Registration District No. 363 Primary Registration District No. 673 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b> ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Charrette</b>		c. CITY OR TOWN <b>Marthasville</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Tuque Creek Bridge &amp; State Highway # 47</b>		d. STREET ADDRESS (If outside, give location) <b>None</b>	
Length of stay in lb <b>47</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Edwin</b> Middle <b>Frederick</b> Last <b>Lichtenberg</b>			4. DATE OF DEATH Month <b>May</b> Day <b>24</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 1, 1895</b>
9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	
11. BIRTHPLACE (City and state or country) <b>New Haven, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>H. August Lichtenberg</b>		14. MOTHER'S MAIDEN NAME <b>Louise, Lichtenberg</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>489-28-1049</b>	
17. INFORMANT <b>Delmont F. Lichtenberg, Marthasville, Mo.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>by drowning</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>result of coroner's jury.</b> DUE TO (c) <b>9298</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>42</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Not known</b>		
20c. TIME OF INJURY Hour <b>9:24</b> Month <b>May</b> Day <b>24</b> Year <b>1957</b> a. m. p. m.	<b>109</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Creek</b>	20f. CITY, TOWN, OR LOCATION <b>Marthasville</b>	COUNTY <b>Warren</b> STATE <b>Mo</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>4:12</b> <b>9</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>F. H. Krueger</b>		22b. ADDRESS <b>Marthasville, Mo.</b>	22c. DATE SIGNED <b>5-28-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-29-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Haven Cemetery,</b>	23d. LOCATION (City, town, or county) (State) <b>New Haven, Missouri</b>
24. FUNERAL DIRECTOR <b>W. F. Lichtenberg</b>	ADDRESS <b>Marthasville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5/28/57</b>	26. REGISTRAR'S SIGNATURE <b>J. C. Johnson</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 25 1957

SEP 17 1957

JUN 18 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 .....

Licensed Embalmer No. ....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

*Body not embalmed*  
*4313*