Health, Welfare Public Service

300 1-57

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32818

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Osage
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Washington Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) on U. S. Hy # 63 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage
c. CITY OR TOWN Freeburg 0760 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: ARTHUR FRANK MENGWASSER

4. DATE OF DEATH Month Day Year: Sept. 24, 1957

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4 Feb 1922
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR Months 7 Days 20 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofing Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (City and state or country): Richfountain, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry F. Mengwasser
13b. MOTHER'S MAIDEN NAME: Mary Radamacher
14. NAME OF HUSBAND OR WIFE: Agnes E. Bock Mengwasser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: 487-40-9042
17. INFORMANT Address: Mrs. A. E. Mengwasser, Freeburg, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Injury's receive in automobile Accident — INTERVAL BETWEEN ONSET AND DEATH: Instant
Multiple skull fractures
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 8161
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Accident 26

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) The injury occured when the above named person's automobile ran into a truck coming from opposite direction on the highway
20c. TIME OF INJURY 2:10 ### p.m. Month, Day, Year Sept 24,57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Hy # 63 N of Freeburg, Mo.,
20f. CITY, TOWN, OR LOCATION Osage County — COUNTY 076 — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Cyde Morton, Coroner 3
22b. ADDRESS: Linn, Mo.
22c. DATE SIGNED: 25 Sept 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 27 Sept 1957
23c. NAME OF CEMETERY OR CREMATORY: Sacred Heart
23d. LOCATION (City, town, or county) (State): Richfountain, Mo.

24. FUNERAL DIRECTOR ADDRESS: Morton Funeral Home, Linn, Mo.
25. DATE RECD. BY LOCAL REG.: Sep 27-1957
26. REGISTRAR'S SIGNATURE: Ta Dubrouille

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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OCT 4 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 ..... Signed Vernon M. Morton
Signature of Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Linn 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.