

Health, Welfare, Public Service

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1537

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 52

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Independence | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Mo. Pacific Railroad INSTITUTION chair car. | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 1101 E. 10th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Everett Middle Russell Last Momberg | | | 4. DATE OF DEATH Month Feb. Day 1 Year 1958 | | |
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|--------------------|-------------------------------|---|--|--|--------------------------------|--------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 29, 1906 | 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|--|--|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | 10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific Railroad | 11. BIRTHPLACE (City and state or country) Sedalia, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Frank D. Momberg | 13b. MOTHER'S MAIDEN NAME Mabel Elliott | 14. NAME OF HUSBAND OR WIFE Lavern Momberg |
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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) No | 16. SOCIAL SECURITY NO. 702-16-2981 | 17. INFORMANT Mrs. Lavern Momberg | Address Sedalia, Missouri |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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|---|--|--|-------------------------|--------------------------|
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____ | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Sedalia | COUNTY Pettis | STATE Missouri |
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| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 12:50p on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE <i>George H. Rimes</i> (Degree or title) 2 | 22b. ADDRESS 1034 Pratt Blvd | 22c. DATE SIGNED 2-3-58 |
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|---|----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Feb. 2, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Highland Memorial Gardens | 23d. LOCATION (City, town, or county) (State) Sedalia, Missouri |
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| 24. FUNERAL DIRECTOR Gillespie Funeral Home, Sadalia, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 2-2-58 | 26. REGISTRAR'S SIGNATURE <i>James Craig</i> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 19 1958

MAR 12 1958

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 *Raymond E. Le...*
Licensed Embalmer No. *4266*
P. O. Address *Independence*

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.