

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035855

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 300

FILED OCT 20 1958

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>Osage</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City, Mo.</u>		c. CITY OR TOWN <u>Koeltztown, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chas Still Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>0760</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Conrad Juergensmeyer</u>			4. DATE OF DEATH Month Day Year <u>Oct. 9, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 30, 1887</u>	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. <u>71 8 9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Koeltztown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Juergensmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Schaeffer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yrs War I</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Koeltztown, Mo.</u> <u>Mrs. Louise Juergensmeyer</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Car pulmonary</u> <u>Collapsed left lung</u> <u>Fractured left 6, 7 + 8 ribs</u>			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 (a) <u>9281</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Run away train</u>		
20c. TIME OF INJURY <u>6 p.m. Oct 7-1958</u>			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Farm</u>	20f. CITY, TOWN, OR LOCATION <u>Osage Mo.</u>	COUNTY <u>Osage</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>10/7/58</u> to <u>10/9/58</u> and last saw him alive on <u>10/9/58</u> Death occurred at <u>6 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>R. C. Michael D.O.</u>		22b. ADDRESS <u>Jefferson City</u>	22c. DATE SIGNED <u>10/13/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/11/58</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>St. Boniface</u>	23d. LOCATION (City, town, or county) (State) <u>Koeltztown, Mo.</u>

24. FUNERAL DIRECTOR <u>John Doble</u>	ADDRESS <u>J C MO.</u>	25. DATE RECD. BY LOCAL REG. <u>13 Oct. 1958</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Harris, Md: MR.</u>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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OCT 27 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 *Sylvester Delle*

Licensed Embalmer No. *4324*

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.