

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004695  
STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FULTON</b>		c. CITY OR TOWN <b>Lohman</b> <sup>6260</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>STATE Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>—</b>	
Length of stay in lb <b>12 months</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>FLUGEL</b> Last <b>FLUGEL</b>			4. DATE OF DEATH Month <b>3</b> Day <b>7</b> Year <b>1959</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-10-1882</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>Lohman, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>ADAM FLUGEL</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH FLUGEL</b>		14. NAME OF HUSBAND OR WIFE <b>ELIZABETH FLUGEL</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT Address <b>STATE Hospital FULTON MO</b>		

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>Cerebral Arteriosclerosis</b>		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) <b>Chronic Brain Syndrome 334X</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.)	
20c. TIME OF INJURY Hour _____ o.m. _____ p.m.		

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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **2-5-59** to **3-7-59** and last saw him alive on **3-7-59**  
 Death occurred at **9:00am** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Dr. F. Russell</b> (Degree or title)	22b. ADDRESS <b>State Hospital Fulton</b>	22c. DATE SIGNED <b>3-7-59</b>
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23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 9, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lohman Lutheran Co</b>	23d. LOCATION (City, town, or county) (State) <b>Lohman MO.</b>
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24. FUNERAL DIRECTOR <b>Nugot Schuchert</b> Address <b>Russellville, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>March 7, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

vector, container, etc. must use only standard nomenclature for item no. no symptoms with no history. All diseases in Part I must be causally related.

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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 *Harold H. Schubert* .....

Licensed Embalmer No. *2920*  
P. O. Address *Russellville* .....

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.