

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 10 1959

59-031306

STATE FILE NUMBER

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 12

NDED

1. PLACE OF DEATH a. COUNTY WARREN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHARRETTE TSP.		Length of stay in 1b 72 YEARS		c. CITY OR TOWN Rural - Charrette Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smiles N.W. Marthasville, Mo			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Smiles N.W. Marthasville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First CLARA Middle WILHMENIA Last LICHTENBERG				4. DATE OF DEATH Month Sept. Day 1 Year 1959									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/4/1877		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER			10b. KIND OF BUSINESS OR INDUSTRY OWN HOME			11. BIRTHPLACE (City and state or country) MARTHASVILLE, MO			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME HERMAN F. LICHTENBERG				13b. MOTHER'S MAIDEN NAME AMELIA KUHLMAN				14. NAME OF HUSBAND OR WIFE None					
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. None		17. INFORMANT Address Robert Lichtenberg, Marthasville, Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-vascular renal disease DUE TO (b) General arterio sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 1 yr			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m. Month, Day, Year _____		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			
21. I attended the deceased from Sept 1 1958 to Sept 1 1959 and last saw her alive on Sept 1 1959 Death occurred at home at 4:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE W. Schmidt MD						22b. ADDRESS Marthasville Mo			22c. DATE SIGNED 9-2-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-3-1959		23c. NAME OF CEMETERY OR CREMATORY MARTHASVILLE CITY CEME			23d. LOCATION (City, town, or county) MARTHASVILLE, MO.						
24. FUNERAL DIRECTOR W. Lichtenberg Marthasville Mo.				25. DATE RECD. BY LOCAL REG. 9/3/59		26. REGISTRAR'S SIGNATURE J.C. Johnson							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edmond F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Madisonville, Ky

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.