MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 28 1960

-60-025450
STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY SALINE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SWEET SPRINGS — Length of stay in 1b: 10 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FORSYTH REST HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE LAFAYETTE b. COUNTY MISSOURI
c. CITY OR TOWN HIGGINSVILLE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 1400 MAIN (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: CHARLES Middle: G. Last: MEINERSHAGEN
4. DATE OF DEATH Month: JUNE Day: 23 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-14-1878
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FURNITURE MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: UNDERTAKER
11. BIRTHPLACE (City and state or country): HIGGINSVILLE MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: CHARLES E MEINERSHAGEN
13b. MOTHER'S MAIDEN NAME: ANNA HACKMAN
14. NAME OF HUSBAND OR WIFE: DECEASED MINNIE MEINERSHAGEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: C. W. MEINERSHAGEN Address: JEFFERSON CITY MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Lobar pneumonia	48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral hemorrhage	24 hrs.
DUE TO (c)	Cerebrovascular accident	3 weeks.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 22, 1960 to June 23, 1960 and last saw him alive on June 22, 1960
Death occurred at 12:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS Sweet Springs, Mo
22c. DATE SIGNED 6-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JUNE 26-1960
23c. NAME OF CEMETERY OR CREMATORY: EVANGELICAL CEMETERY
23d. LOCATION (City, town, or county) (State): HIGGINSVILLE MISSOURI
24. FUNERAL DIRECTOR: WIEGERS-RIEKHOF ADDRESS: HIGGINSVILLE MO
25. DATE RECD. BY LOCAL REG.: June 25, 1960
26. REGISTRAR'S SIGNATURE: Mary Moseley

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT — NDED

VS JUL 1 - 1960

VS JUL 11 1960

OCT 25 1960

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 Roy F Wiegen

Licensed Embalmer No. 2883

P. O. Address Higginsvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.