

JRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031183

FILED VS SEP 9 1960

172

Primary Registration District No. 4269

Registrar's No. 74

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY LAFAYETTE		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CORDER		a. STATE MISSOURI		b. COUNTY LAFAYETTE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		c. CITY OR TOWN CORDER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 MI SOUTH OF CORDER		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First LYDIA		Middle MARIE		Last PREGGE		Month Day Year Aug 22-1960	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-27-1902	9. AGE (last birthday) 58	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)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HIGGINSVILLE MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wm MENSENKAMP			13b. MOTHER'S MAIDEN NAME SOPHIA BRETZ		14. NAME OF HUSBAND OR WIFE JUL-W PREGGE		
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. 490-42-4794		17. INFORMANT MRS EDWARD TIEMANR. CORDER MO			
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) Papillary muscle Ventricular Tachycardia						Instant	
DUE TO (b) Rheumatic Heart disease						Years	
DUE TO (c)							
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 Month, Day, Year a.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	
21. I attended the deceased from March 1, 1956 August 22 1960 and first saw her alive on January 8, 1960 Death occurred at 10:30 am on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. Koppenschnik, M.D.				22b. ADDRESS Higginsville, Missouri		22c. DATE SIGNED Aug 24 60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
BURIAL		AUG-25-1960	LUTHERAN CEMETERY		CORDER MISSOURI		
24. FUNERAL DIRECTOR ADDRESS WIEGERS-RIEKHOFF HIGGINSVILLE MO.			25. DATE RECD. BY LOCAL REG. Aug 30. 60	26. REGISTRAR'S SIGNATURE Lutei Gordon Jordan			

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 Roy F. Wilgers

Licensed Embalmer No. 2883

P. O. Address Higginsville

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