

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

920-62-004113  
STATE FILE NUMBER

318 Primary Registration District No. 1003<sup>616912</sup> Registrar's No.

FILED FEB 7 1982

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI	Length of stay in 1b 11 DAYS	c. CITY OR TOWN SHELBYVILLE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSPITAL	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 501 NORTH LONG	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH LICHTENWALTER	4. DATE OF DEATH Month Day Year JANUARY 21 1962
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/28/76	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) WAUBUNCEE CITY, KAN.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME HENRY LICHTENWALTER	13b. MOTHER'S MAIDEN NAME AMANDA WILLIAMS	14. NAME OF HUSBAND OR WIFE EDNA LICHTENWALTER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES 5/16/98 to 5/2/99	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT EDNA LICHTENWALTER SAME AS 2C	Address
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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>Fracture left hip, Arterio Sclerosis.</u> DUE TO (b) <u>suffered in fall in home Jan 11<sup>th</sup> 1962.</u> DUE TO (c) <u>accident</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)		PART III. If deceased was female was there a pregnancy in last 90 days. 904-0-21 <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 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>see above</u>
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20c. TIME OF INJURY Hour a.m. p.m. <u>1-11-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Shelbyville, Illinois</u>	COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <u>2:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) <u>Joseph M. Turner Registrar</u>	22b. ADDRESS <u>1300 Clair</u>	22c. DATE SIGNED <u>1-22-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>1-22-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shelbyville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Shelbyville Illinois</u>
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24. FUNERAL DIRECTOR <u>Kurrus Funeral Home E. St. Louis, Illinois</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 22 1982</u>	26. REGISTRAR'S SIGNATURE <u>Loal Smith, M.D.</u>
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AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by Not Embalmed Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Keith Savage Kurrus

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.