

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014716

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 62-22

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 1 1962

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lockwood Mo.</u>		Length of stay in 1b <u>yrs</u>	c. CITY OR TOWN <u>Lockwood Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home 207 W 2nd</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>207 W 2nd St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>R</u> Last <u>Lautenschlaeger</u>			4. DATE OF DEATH Month <u>April</u> Day <u>18</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 1 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (last birthday) <u>67</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>17</u> IF UNDER 24 HR: Hours <u>17</u> Min. <u></u>
13a. FATHER'S NAME <u>Robert Lautenschlaeger</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Mier</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E Lautenschlaeger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW#1</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>Mary E Lautenschlaeger Lockwood Mo.</u> Address _____
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
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)			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 <u>4/28/62</u> to <u>4/18/62</u> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Lee A. McNeely, M.D.</u>		22b. ADDRESS <u>Greenfield mo.</u>	22c. DATE SIGNED <u>4/21/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 21 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	23d. LOCATION (City, town, or county) (State) <u>Lockwood Mo.</u>
24. FUNERAL DIRECTOR <u>Allison Funeral Home Greenfield Mo</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>4/24/1962</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>

VS 300 Rev. 4/59
 10290
 20290
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 4 0
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO. _____
 BY AFFIDAVIT OF _____
 DOCUMENT
 MEDICAL CERTIFICATION
 USE BLACK INK OR TYPEWRITER RIBBON
 Lee A. McNeely, Jr., M.D.

MAY 2 1962

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 W. R. Allison

Licensed Embalmer No. 7404

P. O. Address Greenfield, Mass

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.