

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016107
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 5810 Registrar's No. 96

FILED APR 24 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 <u>07-0</u>				
2 <u>07-0</u>				
3				
4 <u>0</u>				
5 <u>1</u>				
6				
7 <u>0</u>				
8 <u>0</u>				
9 <u>4201</u>				
10				
11				
12 <u>90-0</u>				
13 <u>2-0</u>				
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Loutre Township</u>		Length of stay in 1b	c. CITY OR TOWN <u>Rhineland</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Walter Ben Lauer</u>			4. DATE OF DEATH Month Day Year <u>April-15-1962</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-17-1905</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Americus, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U S</u>
13a. FATHER'S NAME <u>John Lauer</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Koenig</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Lauer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>			16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Charley Lauer Rhineland, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MASSIVE CORONARY THROMBOSIS Sudden</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ANGINA PECTORIS</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> 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 <u>6.4</u> <u>?</u>					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>3-8-58</u> to <u>4-15-62</u> and last saw him alive on <u>Jan 15-1962</u> Death occurred at <u>12:15 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>James O. Helm</u> (Degree or title)			22b. ADDRESS <u>New Florence Mo.</u>		22c. DATE SIGNED <u>4-17-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-18-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Montgomery City, Mo</u>	
24. FUNERAL DIRECTOR <u>D B Baker</u> ADDRESS <u>New Florence, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>4-17-1962</u>		26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>

JUL 6 1962

JUN 12 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 R B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, Mo

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.