

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022512
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 151

VS 300
Rev. 4/59

1 0365
2 0370
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4 1
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7 0
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9291X
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12 2-0
13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 5 days	c. CITY OR TOWN (Roark Twp) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Frene Valley Nursing Home Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMA Middle LINGENFELDER Last LINGENFELDER		4. DATE OF DEATH Month July Day 6 Year 1962	
5. SEX Female	6. COLOR OR RACE Cau.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/30/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Household	9. AGE (last birthday) 71 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR: Months _____ Days _____ Hours _____ Min. _____
11a. BIRTHPLACE (City and state or country) RFD Hermann, Mo		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Louis Lingenfelder		13b. MOTHER'S MAIDEN NAME Whilmina Buschmeyer	
14. NAME OF HUSBAND OR WIFE _____		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. None		17. INFORMANT Fred Lingenfelder Address Hermann, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anemia, iron deficiency			INTERVAL BETWEEN ONSET AND DEATH 1 mo.
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) Acute pyelonephritis Arteriosclerosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 8-3-1960 to 7-6-62 and last saw her/him alive on 7-5-62 Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Cavel T. Spaw		22b. ADDRESS Hermann, Mo.	22c. DATE SIGNED 7-6-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/9/62	23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery	23d. LOCATION (City, town, or county) (State) Hermann, Mo
24. FUNERAL DIRECTOR Herman Blumer Inc ADDRESS Hermann Mo		25. DATE RECD. BY LOCAL REG. 7/7/62	26. REGISTRAR'S SIGNATURE Lula C. Tidman

USE BLACK INK OR TYPEWRITER RIBBON

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

Oswald Lee Grover

Licensed Embalmer No. 15187

P. O. Address German, 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.