

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049355

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. _____

FILED JAN 9 1963

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Charrette Twp.		Length of stay in 1b 21 years	c. CITY OR TOWN Rural Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Emmaus Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 9 miles N. E. Marthasville Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Nettie Middle (none) Last Lippold			4. DATE OF DEATH Month December Day 31 Year 1962			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/30/1886	9. AGE (last birthday) 76	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) St. Charles Co. Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME John Bergers	13b. MOTHER'S MAIDEN NAME (unknown) Bussmann	14. NAME OF HUSBAND OR WIFE William Lippold
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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. [REDACTED]	17. INFORMANT Mrs. Olga Owens, St. Louis, Mo. Address 3015 Kemper
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18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary B.C. Disease		INTERVAL BETWEEN ONSET AND DEATH 1 day 5 1/2 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	
	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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 Marthasville Mo	COUNTY St. Charles	STATE Mo.
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21. I attended the deceased from **1941** to **Dec 31/62** and last saw her/him alive on **Dec 31/62**.
Death occurred at **4:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. C. Johnson M.D.</i> (Degree or title)	22b. ADDRESS Marthasville Mo	22c. DATE SIGNED Jan 2/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/3/1963	23c. NAME OF CEMETERY OR CREMATORY Femme Osage Cemetary	23d. LOCATION (City, town, or county) (State) St. Charles County, Mo.
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24. FUNERAL DIRECTOR D. F. Lichtenberg	ADDRESS Marthasville, Mo.	25. DATE REC'D. BY LOCAL REG. 1/2/1963	26. REGISTRAR'S SIGNATURE <i>J. C. Johnson</i>
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VS 300 Rev. 4/59

1090
20920

4 1
5 2

7 0
8 0

94201

10
11
12 90-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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,

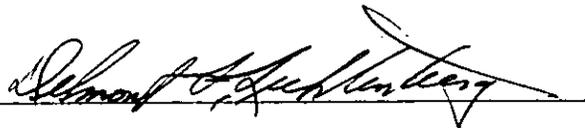
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4318

P. O. Address Martha'sville, 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.