

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

183-047473

STATE FILE NUMBER

Registration District No. 1964-77 Primary Registration District No. 3016 Registrar's No. 494

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 6 1964

VS 300  
Rev. 4/59

10269  
20370

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		Length of stay in 1b <u>14 hours</u>	c. CITY OR TOWN <u>Owensville</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Steel Osteopathic Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>W. Franklin</u>
3. NAME OF DECEASED (Type or print) <u>Fred William Lemberg</u>		4. DATE OF DEATH Month <u>December</u> Day <u>25</u> Year <u>1963</u>	
5. SEX <u>Male</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>12-5-87</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>	11. BIRTHPLACE (City and state or country) <u>Germany</u>
13a. FATHER'S NAME <u>Fred Lemberg</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Reineck</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Del</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWII</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Ida Lemberg - Owensville Mo.</u>
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>Cardiac Arrest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac Failure</u>			<u>4 hrs.</u>
DUE TO (c) <u>Lymphatic Leukemia</u>			<u>19 mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Renal failure</u>			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>25 December 1963</u> to <u>25 Dec 1963</u> and last saw <sup>her</sup> him alive on <u>25 December 1963</u> Death occurred at <u>5:05 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jerry K. Gannon M.D.</u>		22b. ADDRESS <u>415 Woodlawn Jefferson City Missouri</u>	22c. DATE SIGNED <u>12/27/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec. 28 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>E &amp; R Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>near Groh Missouri</u>
24. FUNERAL DIRECTOR <u>Hattenstrater Funeral Home Owensville Mo.</u>		25. DATE REC'D. BY LOCAL REG. <u>25+31 December 1963</u>	26. REGISTRAR'S SIGNATURE <u>Thorne E. Richter</u>

JAN 15 1964

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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

*Melford H H Winter*

Licensed Embalmer No. 383F

P. O. Address OWENSVILLE

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.