

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

#65-042748

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 832 Primary Registration District No. _____ Registrar's No. 56

FILED NOV 15 1965

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bollinger			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		Length of stay in 1b 2 1/2 yrs		c. CITY OR TOWN Gordonville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Main Street
3. NAME OF DECEASED (Type or print) First Leo Middle Clause Last Lorberg			4. DATE OF DEATH Month November Day 15 Year 1965		
5. SEX Male	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 1/14/88	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmern (retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Gordonville, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frederick A. Lorberg			
13b. MOTHER'S MAIDEN NAME Anna Mary Fassold		14. NAME OF HUSBAND OR WIFE Wilhelmina (deceased)			
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. unknown		17. INFORMANT John Lorberg Address Gordonville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hypostatic pneumonia					
DUE TO (b) Senility					
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 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>1963</u> to <u>11-15-65</u> and last saw ^{her} _{him} alive on <u>11-15-65</u> . Death occurred at <u>4:07 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>John Duplehan DO</i>			22b. ADDRESS <i>Lutesville Mo</i>		22c. DATE SIGNED <i>11-16-65</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/17/65		23c. NAME OF CEMETERY OR CREMATORY Christ Lutheran	
				23d. LOCATION (City, town, or county) (State) Gordonville, Mo.	
24. FUNERAL DIRECTOR ADDRESS C. J. Lorberg Cape Girardeau, Mo.			25. DATE RECD. BY LOCAL REG. 11-16-65		26. REGISTRAR'S SIGNATURE <i>Mrs Buford Crader</i>

USE BLACK INK OR TYPEWRITER RIBBON

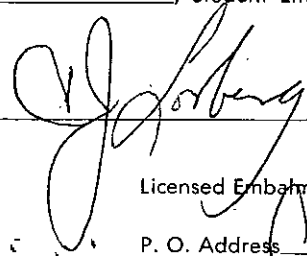
Certificate taken to Doctor 11/16/65

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. 3810

P. O. Address Cape Girardeau, 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.