

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9013

540

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4273		Registrar's No. 116			
1. PLACE OF DEATH a. COUNTY LAFAYETTE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA		c. LENGTH OF STAY (In this place) 9 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) 505 BISMARCK ST. 0					
3. NAME OF DECEASED (Type or Print) a. (First) HERWIG b. (Middle) KATHERINE c. (Last) PRIGGE			4. DATE OF DEATH (Month) (Day) (Year) MARCH 18 1949						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH MARCH 8, 1861			
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 0 Days 10		IF UNDER 6 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GERMANY 4		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME JOHN KUECK			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE				
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. NO		17. INFORMANT'S SIGNATURE OR NAME HERMAN PRIGGE		ADDRESS CONCORDIA, MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Senility  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia & multiple bed sores				INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Concordia, Lafayette, Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3/14/1949, to 3/17/1949, that I last saw the deceased alive on 3/17/1949, and that death occurred at 9:00 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C. E. Robinson, D.O. H.				23b. ADDRESS Concordia, Mo.		23c. DATE SIGNED 3-20-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 21, 1949		24c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S		24d. LOCATION (City, town, or county) (State) CONCORDIA, MO.			
DATE REC'D BY LOCAL REG. MARCH 22-49		REGISTRAR'S SIGNATURE Clayton W. Landrum 154		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. S. James Concordia, Mo.					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-29-49

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 me.

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed E. S. Jones

Licensed Embalmer No. 2058

P. O. Address Concordia, 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 this body is not embalmed, fact should be so stated above.