

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5644

41207

State File No.

No. 300

10.48

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

0540

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3055</u>		Registrar's No. <u>116</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Rural - Lexington</u>		c. LENGTH OF STAY (in this place) <u>17475</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. N. of Higginville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. N. of Higginville</u>				d. STREET ADDRESS (If rural, give location) <u>6 mi. N. of Higginville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>Fredrick</u> c. (Last) <u>Chlebracht</u>				DATE OF DEATH (Month) (Day) (Year) <u>December 18 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 22, 1868</u>	
9. AGE (In years last birthday) <u>87</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Land Owner</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Simon Chlebracht</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Eggers Chlebracht</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>August Chlebracht, Jr. - Lexington, Mo.</u>			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Urinary Tract infection</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Balkin prostatic Hypertrophy</u> DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>610X</u>			
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)			
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 <u>August</u> , 1955, to <u>Dec. 18</u> , 1955, that I last saw the deceased alive on <u>Dec. 9</u> , 1955, and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hubert E. Fulberson M.D.</u>				23b. ADDRESS <u>Higginville Mo</u>		23c. DATE SIGNED <u>12-19-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Higginville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-26-55</u>		REGISTRAR'S SIGNATURE <u>Minna Eastman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forest DeKalb, Higginville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

Forest Rickhof

Licensed Embalmer No. *14284*

P. O. Address *Heggenville 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.