

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033863
STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 92

5. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grape Grove Twn.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Braymer,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home		Length of stay in 1b 83yrs	d. STREET ADDRESS (If outside, give location) Grape Grove Twn. Ray Co.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMA Middle L. Last MOHN			4. DATE OF DEATH Month Sept. Day 3, Year 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5, 1874	9. AGE (In years last birthday) 83 yrs	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Ray County		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Mohn		13b. MOTHER'S MAIDEN NAME Louisa Redhair		14. NAME OF HUSBAND OR WIFE none	
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. 491-42-2563	17. INFORMANT Jake Mohn Address Braymer, Mo. RED		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 1 hour many many years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4301					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 --- Month --- Day --- Year --- a.m. --- p.m. ---			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION --- COUNTY --- STATE ---		
21. I attended the deceased from Aug. 22, 1958 to Sept. 3, 1958 and last saw her/him alive on Sept. 2, 1958 Death occurred at Sept. 3, 1958 12:50a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. E. Golding M.D.			22b. ADDRESS Braymer, Mo		22c. DATE SIGNED 9-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Little Union Cem.		23d. LOCATION (City, town, or county) (State) Braymer, Missouri
24. FUNERAL DIRECTOR MEAD-PITTS Funeral Service, by [Signature]			25. DATE RECD. BY LOCAL REG. 9-9-1958		26. REGISTRAR'S SIGNATURE Mabel Jackson

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Braymer, MO (Licensed Embalmer's Statement on Reverse Side)

OCT 17 1958

MAR 30 1959

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 *Bernard J. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Raymond*

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.