

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8115

260

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

D. J. Taylor

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303 Registrar's No. 89

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>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Jefferson Twnshp</u>		c. LENGTH OF STAY (in this place) <u>88yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Jefferson Twnshp</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#2, Jefferson City, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#2, Jefferson City, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#2, Jefferson City, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara</u> b. (Middle) <u>None</u> c. (Last) <u>Mohr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct-2-1861</u>
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Cole County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Nicholas Schubert</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Opel</u>	14. NAME OF HUSBAND OR WIFE <u>John E. Mohr</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edw Mohr, R.R.#2, Jefferson City, Mo</u> ADDRESS
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) <u>Cerebral head disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1500</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>Jan 19 50</u> , to <u>April 2 19 50</u> , that I last saw the deceased alive on <u>April 2, 19 50</u> , and that death occurred at <u>11 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. J. Taylor</u> (Degree or title)		23b. ADDRESS <u>M.O. Jefferson City, Mo</u>	
23c. DATE SIGNED <u>Apr 3 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr-4-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran Cem</u>		24d. LOCATION (City, town, or county) (State) <u>R.R.#2, Jefferson City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 3-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis Md - 72658</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. J. G. G. G.</u>		ADDRESS <u>Jefferson City, Mo</u>	

District Health Officer

District Health Officer No. 9

RECEIVED APR 7 1960

MAY 12 1961

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

Lester V. Beverly Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. *4723*

P. O. Address *Jefferson City*

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.