

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27374**

FILED AUG 22 1950

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 5026		Registrar's No. 324	
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY La clede			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldridge		c. LENGTH OF STAY (In this place) 78		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldridge			
d. FULL NAME OF HOSPITAL OR INSTITUTION Eldridge, Mo				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Fohn			4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1950				
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 15, 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Paris, France		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacob Fohn			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Carrie Haney		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bill Fohn, Eldridge, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 45 min	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	
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 D.O.A., 19 Aug 10 1950 , that I last saw the deceased alive on _____ 19____, and that death occurred at 9:50 AM from the causes and on the date stated above.							
23a. SIGNATURE J. Bohrer				23b. ADDRESS D.O. Lebanon Mo		23c. DATE SIGNED 8/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/11/50		24c. NAME OF CEMETERY OR CREMATORY Hufft Cemetery		24d. LOCATION (City, town, or county) (State) Eldridge, Mo.	
DATE REC'D BY LOCAL REG. 8-16-1950		REGISTRAR'S SIGNATURE Hella L. May		25. FUNERAL DIRECTOR'S SIGNATURE Palmers, Lebanon, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10.48

0530

0530

Received AUG 19 1950
Laclede County Health Unit
File No. J. 50-126
Date Filed AUG 21 1950

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 Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.