

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27309**

FILED SEP 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **324**

1. PLACE OF DEATH a. COUNTY <b>Jackson 0485</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence 0485</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>		d. STREET ADDRESS (If rural, give location) <b>2138 Scott Ave 0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Edward</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Lohmolder</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 27, 1951</b>
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 24, 1877</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR <b>8</b> Months	IF UNDER 24 HRS. <b>3</b> Hours	IF UNDER 15 MIN. <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>machinist (Retired)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>A.J. Mfg. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Hopkins, Mich. /</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John William Lohmolder</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Dandel</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Clara Lohmolder</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>528-03-2157</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs E. H. Lohmolder, Indep. Mo</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Gall Bladder</b>		INTERVAL BETWEEN ONSET AND DEATH? <b>3 mos?</b>
	ANTECEDENT CAUSES Morbidity 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. <b>Coronary Arteriosclerosis?</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Gall Bladder</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 23, 1951**, to **8/27, 1951**, that I last saw the deceased alive on **8/27, 1951**, and that death occurred at **7:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE OF DECEASED <b>Christ Grabowski, M.D.</b>	23b. ADDRESS <b>Independence, Mo.</b>	23c. DATE SIGNED <b>8/27/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 30-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Flopat Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Aug. 29-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Roland R. Speaks</b>	ADDRESS <b>Indep. Mo</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

SEP 4 RECD

2007 02 10 AM 10:50

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 *Roland P. ...*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3604

P. O. Address Independence, 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.