S. No. 300
V. 10.48

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

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34515

BIRTH NO. 54686-51 REG. DIST. NO. 2334 PRIMARY REG. DIST. NO. 5867 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Thayer township
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Thayer Township
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NOLA b. (Middle) c. (Last) LOHR
4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1951
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Aug. 5, 1951
9. AGE (In years last birthday): If under 1 year: Months 2, Days 8; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Alfred Lohr
13b. MOTHER'S MAIDEN NAME: Helen Gray
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Alfred Lohr ADDRESS: Thayer, Rt. 1, Mo.

MEDICAL CERTIFICATION

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) Pneumonia — INTERVAL BETWEEN ONSET AND 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.* Malnutrition

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 493 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-12-51, 19__, *to* 10-13-51, 19__, *that I last saw the deceased alive on* 10-13-51, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Walker (Degree or title) M.D.
23b. ADDRESS: Mammoth Spring Ark.
23c. DATE SIGNED: 10-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 14, 1951
24c. NAME OF CEMETERY OR CREMATORY: New Home
24d. LOCATION (City, town, or county) (State): New Home Missouri

DATE REC'D BY LOCAL REG.: 10-25-51
REGISTRAR'S SIGNATURE: Ella Crass 416
25. FUNERAL DIRECTOR'S SIGNATURE: Leland Carter ADDRESS: Thayer Mo

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
OCT 29 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Leland Carter

Signed.....
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Springfield 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.