

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

866

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 9

2331  
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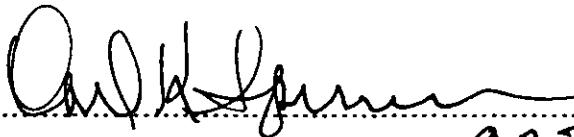
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. LENGTH OF STAY (in this place) <u>years</u>	c. CITY OR TOWN <u>Salem</u> <u>0331</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knox Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>XX</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louella</u>		b. (Middle) <u>-</u>	c. (Last) <u>Mohr</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>1/26/53</u>		5. SEX <u>female</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Oct 17/68</u>		9. AGE (In years last birthday) <u>84</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>X</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>George Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Doughtman</u>	
14. NAME OF HUSBAND OR WIFE <u>Fred 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 X</u>	
16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs L. W. Silven</u> ADDRESS <u>Osage City Kans</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH. <u>1 wk.</u> ANTECEDENT CAUSES DUE TO (b) <u>Fracture of Femur</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> INTERVAL BETWEEN ONSET AND DEATH. <u>5 wks.</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) m.		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>12/17</u> , 19 <u>52</u> , to <u>1/21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/21</u> , 19 <u>53</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank Mitchell M.D.</u>		23b. ADDRESS <u>Salem, Mo.</u>	
23c. DATE SIGNED <u>1/30/53</u>		24. LOCATION (City, town, or county) (State) <u>Salem Mo</u>	
24a. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>		24b. DATE <u>1/28/53</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>1-30-53</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by Mrs. J. P. O.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. W. Silven</u>		ADDRESS <u>Salem Mo</u>	

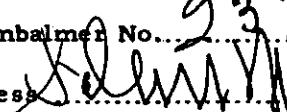
STATEMENT BY LICENSED EMBALMER

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.....  


Licensed Embalmer No. 237

P. O. Address.....  


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.