

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9362

5483 State File No. _____

No. 300
10.48 FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. ~~4887~~ Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>	
c. LENGTH OF STAY (In this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #1 Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #1 Union</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dena</u> b. (Middle) <u>K</u> c. (Last) <u>Pohlmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 9 -1953</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>March 18 - 1896</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>21</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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RFD #1 Washington</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Carl H Wehr</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>OTTO F. Pohlmann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clifford Dewest, Union Mo</u>	ADDRESS <u>Union Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Curdosis</u>		
	ANTECEDENT CAUSES <u>Vascular Disease</u>		
	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. <u>Lobar Pneumonia</u>		<u>24 hrs</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 3-8, 1953, to 3-9, 1953, that I last saw the deceased alive on 3-8, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. H. Stuckman</u> (Degree or title) <u>H.D.</u>	23b. ADDRESS <u>Union, Missouri</u>	23c. DATE SIGNED <u>3-9-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-12-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St John's Mantles</u>	24d. LOCATION (City, town, or county) (State) <u>RFD #2 Washington Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 11, 1953</u>	REGISTRAR'S SIGNATURE <u>D. P. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Neuberg & Wm Inc</u>	ADDRESS <u>Washington Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Jerome F. Siroboda

Licensed Embalmer No. 4507

P. O. Address Washington 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.