

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11940**

0420

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

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Arcadia</u>		c. LENGTH OF STAY (in this place) <u>8yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Arcadia</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mi. East on Highway 70</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 1954</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Lohman</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>April 17, 1868</u>	
9. AGE (in years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></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>Her Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newark, New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Kathern Schulties</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Lohman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Burney, Ironton, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>few days</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis</u>					
		*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) <u>Valvular heart trouble</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
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) <u>4214</u>			
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 <u>Feb. 5, 1954</u> , to <u>April 12, 1954</u> , that I last saw the deceased alive on <u>April 11, 1954</u> , and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. M. Gilpatrick M.D.</u>				23b. ADDRESS <u>Lexterville, Mo.</u>		23c. DATE SIGNED <u>4/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Concordia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>ED APR 26 1954</u>		REGISTRAR'S SIGNATURE <u>Edw. H. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> ADDRESS _____			

Ironton Mo

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 Arnell White

Licensed Embalmer No. 3012

P. O. Address San Antonio, Texas

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.