No. 300
10.48

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25912

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sweet Springs
c. LENGTH OF STAY (in this place) 4 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 323 A. South Miller

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Saline
c. CITY OR TOWN Sweet Springs
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐ 0970
STREET ADDRESS (If rural, give location) 323 A South Miller

3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) Margaret c. (Last) Lohmar
4. DATE OF DEATH (Month) (Day) (Year) July 14, 1954
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Dec 19, 1943
9. AGE (In years last birthday) 10 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Macon Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward Lohmar
13b. MOTHER'S MAIDEN NAME Fidelis Miller
14. NAME OF HUSBAND OR WIFE ~~Edward Lohmar~~
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Edward Lohmar, Sweet Springs, Mo ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 4-5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aspiration of fluids — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-spastic — from Birth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 9210 22
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) 097
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 12:15 PM 19__, to 7/14, 1954, that I last saw the deceased alive on 7/14, 1954, and that death occurred at 12:45 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles A. Hosling M.D.
23b. ADDRESS Sweet Springs Mo
23c. DATE SIGNED 7/15/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 16, 1954
24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
24d. LOCATION (City, town, or county) (State) Sweet Springs Missouri
DATE REC'D BY LOCAL REG. July 16, 1954
REGISTRAR'S SIGNATURE Mary Moseley
25. FUNERAL DIRECTOR'S SIGNATURE Edgar L Moseley ADDRESS Sweet Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar L. Moseley

Licensed Embalmer No. 471

P. O. Address Sweet Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.