

FILED MAR 27 1957

STANDARD CERTIFICATE OF DEATH

State File No. 74

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3027 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Saltriver</b>		c. CITY OR TOWN <b>Mexico 0040</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>11 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>R.F.D.#1</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>R.F.D.#1, Mexico</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Edward</b>	b. (Middle) <b>Forrest</b>	c. (Last) <b>Mohn</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 19, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 18, 1913</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Cutter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mexico, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Curtis Mohn</b>	13b. MOTHER'S MAIDEN NAME <b>Amelia Luckaman</b>	14. NAME OF HUSBAND OR WIFE <b>Lois Mohn</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>491-05-5428</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lois Mohn</b>	ADDRESS <b>Mexico, Mo.</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute cardiac dilatation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b>			<b>1 year</b>
	DUE TO (c) <b>basia apparently aneurysm</b>			<b>3 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>diabetes mellitus</b>			<b>10 years</b>	

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>002X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>none</b>
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22. I hereby certify that I attended the deceased from **4/1**, 19**54**, to **3/19**, 19**57**, that I last saw the deceased alive on **3/18**, 19**57**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas A. Dwyer, M.D.</b>	23b. ADDRESS <b>Mexico, Mo.</b>	23c. DATE SIGNED <b>3/21/57</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 22, 57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>	24d. LOCATION (City, town, or county) (State) <b>Mexico Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar-22-1957</b>	REGISTRAR'S SIGNATURE <b>Blanchu Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul H. Hester</b>	ADDRESS <b>Mexico, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 30 1958

SEP 29 1957

SEP 23 1957

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 *Paul J. Puel* .....

Licensed Embalmer No. 3189 .....

P. O. Address Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.