

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006193

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 164 Primary Registration District No. 5601 Registrar's No. 28

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1-57 4

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Warrensburg <i>65120</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If not in hospital or institution) Pleasant View Nursing Home		Length of stay in lb 52 Yrs	d. STREET ADDRESS (If outside, give location) 206 Mc Goodwin Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Julius Middle Fred Last Lohman			4. DATE OF DEATH Month Feb. Day 22 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done and years of work, or life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Grain-Livestock	11. BIRTHPLACE (City and state or country) Concordia, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Herman Lohman	13b. MOTHER'S MAIDEN NAME Bertha Dedeke	14. NAME OF HUSBAND OR WIFE Gladys Lohman
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give dates of service) No	16. SOCIAL SECURITY NO. 494-20-8005	17. INFORMANT Mrs Glen Kuhlman-Knobnoster, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 6 days
DUE TO (b) Cerebral arteriosclerosis		
DUE TO (c) _____		years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Warrensburg, Mo.	COUNTY	STATE
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21. I attended the deceased from 11-9-55 to 2-21-59 and last saw him alive on 2-21-1959 Death occurred at 11 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Deputy or title)	22b. ADDRESS Warrensburg, Mo.	22c. DATE SIGNED 2/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-24-1959	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	23d. LOCATION (City, town, or county) Warrensburg, Missouri
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24. FUNERAL DIRECTOR Sweeney-Phillips	ADDRESS Warrensburg, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 23, 1959	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAR 26 1959

MS MAR 29 1960

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 *John P. Rodgers*

Licensed Embalmer No. *4963*

P. O. Address *Warrensburg, 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.