

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017260
STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Washington</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>314 Stafford St.</i>		Length of stay in 1b <i>0362</i>	d. STREET ADDRESS (If on high, give location) <i>314 Stafford St.</i>
3. NAME OF DECEASED (Type or print) <i>Edith L. Mohrlock</i>		Middle Last	DATE OF DEATH Month <i>May</i> Day <i>23</i> Year <i>1959</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 19, 1906</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Telephone Operator Telephone Co.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>O'Fallon, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>
11. BIRTHPLACE (City and state or country) <i>O'Fallon, Missouri</i>		14. NAME OF HUSBAND OR WIFE <i>Harry G. Mohrlock</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, unknown) (If yes, give year & dates of service) <i>no</i>		17. INFORMANT <i>Harry G. Mohrlock, Washington, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Electrocution</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <i>9140</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Coronary Atherosclerosis</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <i>Subject contacted. 120 Volt AC</i>	
20c. TIME OF INJURY <i>1:00 p.m. 5/23/59</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home 314 Stafford Washington Franklin Mo.</i>	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>Washington Franklin Mo.</i>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <i>1:00 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Edith L. Mohrlock</i>		22b. ADDRESS <i>314 Stafford Washington Franklin Mo.</i>	22c. DATE SIGNED <i>5/24/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>May 26, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Presbyterian Cemetery Washington, Missouri</i>
24. FUNERAL DIRECTOR <i>Wickburg & Co., Washington, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5/26/59</i>	26. REGISTRAR'S SIGNATURE <i>F. C. Tideman G. E. Hulman</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensee Embalmer's Statement on Reverse Side)

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 *Lester A Pitt*

Licensed Embalmer No. *3254*
P. O. Address *Washington*

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.