

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031162

FILED VS SEP 1 1959 323

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 42

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>SALINE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SWEET SPRINGS</u> | | Length of stay in 1b <u>26 DAYS</u> | c. CITY OR TOWN <u>CONCORDIA</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LARGE REST HOME</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>407 WEST ST.</u> |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First <u>HERMAN</u> Middle <u>MOEHLMANN</u> Last <u>MOEHLMANN</u> | | | 4. DATE OF DEATH Month <u>Aug</u> Day <u>28</u> Year <u>1959</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>JULY 1, 1886</u> | 9. AGE (last birthday) <u>73</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMING</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>GEN FARMING</u> | 11. BIRTHPLACE (City and state or country) <u>ONAWVILLE, ILL.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | |

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| 13a. FATHER'S NAME <u>HENRY MOEHLMANN</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>MRS FRIDA MOEHLMANN</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR I</u> | 16. SOCIAL SECURITY NO. <u>490-34-5260</u> | 17. INFORMANT <u>MRS. OSCAR PAUL CONCORDIA, MO</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Diabetic Coma</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Hyperglycemia</u> | |
| | DUE TO (c) <u>Hypertension</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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.) |
| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from <u>12/20/55</u> to <u>8/28/59</u> and last saw him alive on <u>8/28/59</u> Death occurred at <u>3:25 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22. SIGNATURE (Degree or title) <u>Edmund Sivack M.D.</u> | | 22a. ADDRESS <u>Concordia, Mo.</u> | 22c. DATE SIGNED <u>8/29/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Aug 31, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u> | 23d. LOCATION (City, town, or county) <u>CONCORDIA MO</u> |
| 24. FUNERAL DIRECTOR <u>E.S. James</u> | ADDRESS <u>Concordia, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>August 29, 1959</u> | 26. REGISTRAR'S SIGNATURE <u>Mary Crowley</u> |

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

8961 5 1 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. James _____

Licensed Embalmer No. 2058

P. O. Address Concordia

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.