URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006061

STATE FILE NUMBER

FILED VS FEB 29 1960

Registration District No. 740 Primary Registration District No. 3024 Registrar's No. 20

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1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fayette, Mo. — Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lee Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Howard
c. CITY OR TOWN: Fayette — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 208 Oakland — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: AUGUSTA Middle: CAROLINA Last: MEHRHOFF
4. DATE OF DEATH: Month: FEB. Day: 24, Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/8/1882
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office
11. BIRTHPLACE (City and state or country): Warren County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: August Saak
13b. MOTHER'S MAIDEN NAME: Amona Linkie
14. NAME OF HUSBAND OR WIFE: Henry C. Mehrhoff
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.: 486-30-9489
17. INFORMANT: Henry C. Mehrhoff Address: Fayette, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Virus Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Influenza — "
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Coronary Disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-1-60 to 2-24-60 and last saw her alive on 2-24-60
Death occurred at 10 a.m. 2-24-60 on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: W A Bloom M.D. (Degree or title)
22b. ADDRESS: Fayette Mo
22c. DATE SIGNED: 2-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/27/1960
23c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cem.
23d. LOCATION (City, town, or county) (State): New Franklin, Missouri
24. FUNERAL DIRECTOR: Ralph A. Carr ADDRESS: Fayette, Mo.
25. DATE RECD. BY LOCAL REG.: 2-25-60
26. REGISTRAR'S SIGNATURE: Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER MAR 24 1960

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

~~embalmed~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, S

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