

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026295

FILED VS JUL 20 1960 77 Primary Registration District No. 5303 Registrar's No. 254

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b lifetime		c. CITY OR TOWN Jefferson City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Route # 2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SARAH Middle ELIZABETH Last MARGARET MOHR				4. DATE OF DEATH Month July Day 12th Year 1960			
5. SEX Female	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 4/1/86	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Cole County, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Loesch			13b. MOTHER'S MAIDEN NAME Margaret Heisinger		14. NAME OF HUSBAND OR WIFE John W. Mohr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mo. Mrs Helen Sanders, Route # 2 Jeff City				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Vremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio Vascular Renal Failure DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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		
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY	STATE
21. I attended the deceased from April 1 60 to July 13 60 and last saw her alive on July 10-60 Death occurred at 1:30 AM July 13 on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Eugene E. Richter, D.O. (Degree or title)				22b. ADDRESS Jefferson City, Mo.		22c. DATE SIGNED July 15-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		STATE	
Burial	July 14 1960	Riverview Cemetery		Jefferson City, Mo.			
24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo.				25. DATE RECD BY LOCAL REG. 16 July 1960	26. REGISTRAR'S SIGNATURE R.P. Harris, M.D. Richter, D.O.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUL 20 1960 SA

JUL 1 2 1961

REC-100
JUL 1 1961

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Finw.

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.