

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS NOV 2 1 1960

-60-041183

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 608

1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF MO.			Length of stay in 1b 25 Years	c. CITY OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1014 NOONEY STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENRY FREDERICK DOHRMAN				4. DATE OF DEATH Month Day Year OCTOBER 28, 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-13-87	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR (VA HOSPITAL)			10b. KIND OF BUSINESS OR INDUSTRY Maintenance (VA Hosp)	11. BIRTHPLACE (City and state or country) MORGAN COUNTY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRED DOHRMAN			13b. MOTHER'S MAIDEN NAME BELLE COOK		14. NAME OF HUSBAND OR WIFE CORA DOHRMAN (DECEASED)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address Hutchinson, Kans. ELIZABETH MUELLER, SISTER, 206 E. 13th St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION.						Seconds	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) CORONARY THROMBOSIS.	
DUE TO (c) CORONARY ARTERIOSCLEROSIS.						Sev. Years	
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 a.m. p.m. 11:57AM	Month, Day, Year						
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 VA October 27, 1960 to October 28, 1960 and last saw her alive on _____ Death occurred at 11:57AM _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Robert S. Cohen</i> ROBERT S. COHEN, M.D., Chief, Medical Svc. VA Hospital, Poplar Bluff, Mo.				22b. ADDRESS		22c. DATE SIGNED 11/2/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/31/1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri			
24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 11/8/60		26. REGISTRAR'S SIGNATURE <i>R Mueller</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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

Edgar W. Tafford

Licensed Embalmer No. 3394

P.O. Address Coplan Bldg

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.