

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# =61-002645

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED **FI** ED VS **JAN 3 1 1961**  
 Registration District No. **297** Primary Registration District No. **6021** Registrar's No. **13**

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Ray</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grape Grove Twn.</b>		Length of stay in 1b <b>life</b>	c. CITY OR TOWN <b>Braymer, Mo R F D</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Own Farm Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Grape Grove Twn.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>JACOB</b> Last <b>MOHN</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>13,</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-11-1878</b>	9. AGE (last birthday) <b>82 yrs</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>		11. BIRTHPLACE (City and state or country) <b>Braymer, Missouri R F D</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>John Mohn</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Redhair</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-42-5895</b>	
17. INFORMANT <b>Johnnie Feil, Cowgill, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>Generalized arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Rheumatoid Arthritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>many years</b> <b>many years</b>	
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.) <b>_____</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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.) <b>_____</b>	
20f. CITY, TOWN, OR LOCATION <b>_____</b>		COUNTY <b>_____</b>		STATE <b>_____</b>	
21. I attended the deceased from <b>March 1958</b> to <b>Jan. 13, 1961</b> and last saw her/him alive on <b>Jan. 12, 1961</b> . Death occurred at <b>9:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. E. Galloway M.D.</b>			22b. ADDRESS <b>Braymer, Mo</b>		22c. DATE SIGNED <b>1-14-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-16-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Little Union Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Braymer, Mo RFD</b>
24. FUNERAL DIRECTOR <b>MEAD-PITTS Funerals Service, Braymer, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>1-27-61</b>		26. REGISTRAR'S SIGNATURE <b>Mabel Jackson</b>

**BZM.** (Licensed Embalmer's Statement on Reverse Side)

APR 4 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Bernard J Mead*

Licensed Embalmer No. 2801

P. O. Address Bra ymer, Mo

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.