

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029951

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Primary Registration District No. 3033 Registrar's No. 140

STATE FILE NUMBER

Dr. H. H. Lohmeyer
 AMENDED
FILED AUG 29 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 DATE AMENDED
 SHOULD READ
 ITEM NO.

1. PLACE OF DEATH a. COUNTY LACLEDE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LACLEDE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEBANON		Length of stay in 1b <i>Life</i>		c. CITY OR TOWN LEBANON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 310 TAYLOR				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 310 TAYLOR		
3. NAME OF DECEASED (Type or print) First LOUIS Middle H. Last REIMER				4. DATE OF DEATH Month AUG. Day 20 Year 1961				
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 7/14/74		
9. AGE (last birthday) 87		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) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY SALESMAN		11. BIRTHPLACE (City and state or country) LEBANON, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HENRY REIMER			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE CARRIE REIMER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				17. INFORMANT Address MRS. LILLARD BROWN, NASHVILLE, TENN.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERNAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Chronic myocarditis</i>							<i>3 yrs.</i>	
DUE TO (b) <i>arteriosclerotic heart disease</i>							-	
DUE TO (c) _____							-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <i>Fracture rt. femur - fell off toilet stool</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	
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.) <i>approx. 30 hours before death.</i>				
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>3-6-59</u> to <u>8-20-61</u> and last saw ^{her} him alive on <u>8-19-61</u> Death occurred at <u>3:00p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>R B Hurst, MD</i>				22b. ADDRESS <i>Lebanon, Mo.</i>		22c. DATE SIGNED <i>8-22-61</i>		
23a. BURIAL, CREMATION, Reinterment (specify) BURIAL		23b. DATE 8/23/61	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN		23d. LOCATION (City, town, or county) SPRINGFIELD, MO.		(State)	
24. FUNERAL DIRECTOR ADDRESS H. H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.				25. DATE RECD. BY LOCAL REG. 8-22-1961		26. REGISTRAR'S SIGNATURE <i>Kella S. Gray</i>		

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address _____

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.