

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047481

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3072 Registrar's No. 236

AMENDED

FILED JAN 2 1962

1. PLACE OF DEATH
 a. COUNTY Saline
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Length of stay in 1b 10 weeks
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Saline
 c. CITY OR TOWN Slater Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Leroy St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
ERNEST (NONE) LOHR
 4. DATE OF DEATH Month Day Year
December 28, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 12-6-1880 9. AGE (last birthday) 81
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and state or country) Roanoke, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Lohr 13b. MOTHER'S MAIDEN NAME Anna Jones 14. NAME OF HUSBAND OR WIFE Florence Lohr

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 Mrs. Ernest Lohr, Slater, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardiac failure INTERVAL BETWEEN ONSET AND DEATH 48 hrs
 DUE TO (b) Cardiovascular disease years
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Coronary disease years
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis
 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 Nov 7, 1961 to 12-28-61 and last saw ^{him} him alive on 12-28-61
 Death occurred at 12:05 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. A. McBurney, M.D. 22b. ADDRESS Slater, Mo. 22c. DATE SIGNED 12/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-31-1961 23c. NAME OF CEMETERY OR CREMATORY Washington 23d. LOCATION (City, town, or county) (State) Glasgow, Missouri

24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 12-29-61 26. REGISTRAR'S SIGNATURE Coil J. Read

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J. Haines Jr.

Licensed Embalmer No. 4557

P. O. Address Clatsop, Me

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.