

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015900

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 70

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0570
20570

3

4 1

5 2

6

7 0

8 2

9331X

10

11

1296-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 14 1962

1. **PLACED**
a. COUNTY Lincoln

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy Length of stay in 1b 2-yrs.

c. CITY OR TOWN Hawk Point Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Rt. #1 Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Margaret Middle a/k as Mohrman Last Mohrman

4. **DATE OF DEATH** Month May Day 8 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. **DATE OF BIRTH** 3/5/84 9. **AGE** (last birthday) 78 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) housekeeping 10b. **KIND OF BUSINESS OR INDUSTRY** at home 11. **BIRTHPLACE** (City and state or country) Pacific, Missouri 12. **CITIZEN OF WHAT COUNTRY** U.S.A.

13a. **FATHER'S NAME** Conrad Lang 13b. **MOTHER'S MAIDEN NAME** Carrie Hoerr 14. **NAME OF HUSBAND OR WIFE** Herman Mohrman

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.** 17. **INFORMANT** Address Mr. Buck Stapp - Hawk Point, Mo.

18. **CAUSE OF DEATH** (Enter only one cause per line) PART I. **DEATH WAS CAUSED BY:**

IMMEDIATE CAUSE (a) Cerebral vascular accident INTERVAL BETWEEN ONSET AND DEATH 1 wk.

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis 20 yrs.

DUE TO (c) Hypercholesterolemia 30 yrs.

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 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 Sept. 1961 to May 8, 1962 and last saw her alive on May 8, 1962 Death occurred at 9:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) John H. Smathers, M.D. 22b. **ADDRESS** Troy, Missouri 22c. **DATE SIGNED** May 11, 1962

23a. **PORTAL, CREMATION, REMOVAL** (Specify) Removal 23b. **DATE** May 11, 1962 23c. **NAME OF CEMETERY OR CREMATORY** St. Matthew Cemetery 23d. **LOCATION** (City, town, or county) (State) St. Louis, Missouri

24. **FUNERAL DIRECTOR** ADDRESS WACKER-HELDERLE-3634 Gravois Ave. 25. **DATE RECD. BY LOCAL REG.** 5-11-1962 26. **REGISTRAR'S SIGNATURE** Charlotte Leek

USE BLACK INK OR TYPEWRITER RIBBON

MAY 24 1962

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 Pharrell M. Bills

Licensed Embalmer No. 4375
P.O. Address St. Louis 23, 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.