MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023433

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1609

FILED JUN 17 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0128
2 0120
3
4 0
5 0
6
7 0
8 2
9 X9
10 1
11 012
12 2-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Dr Caldwell

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Doctors Hosp. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): Route 3 — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: David Middle: Lynn Last: Lohmeier

4. DATE OF DEATH Month Day Year: June 2, 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10-11-40
9. AGE (last birthday): 22
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): Factory
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (City and state or country): Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Arthur Lohmeier
13b. MOTHER'S MAIDEN NAME: Elma Garrett
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Arthur Lohmeier, Poplar BluffM — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): BASALAR SKULL FRACTURE.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] 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: 6-2-63
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Hiway
20f. CITY, TOWN, OR LOCATION: Butler COUNTY: Mo. STATE:

21. I attended the deceased from 2 June 63 to 2 June 63 and last saw her/him alive on
Death occurred at DOA. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Fred Caldwell (Degree or title) MD
22b. ADDRESS: Poplar Bluff, Mo.
22c. DATE SIGNED: 7 Jun 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-7-63
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill
23d. LOCATION (City, town, or county) (State): Butler Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Greer Croy & Fitch Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 6/15/1963
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1963

JUN 21 1963

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 Wallace N Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.