

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5530

State File No.

FILED FEB 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>15</u>		
1. PLACE OF DEATH a. COUNTY <u>St. F. JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro</u>		c. LENGTH OF STAY (in this place) <u>1da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELVINS, MO.</u>		0940		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>ALONZO</u>			a. (First)		b. (Middle)		c. (Last) <u>MOHAN</u>	
4. DATE OF DEATH <u>Feb. 14, 1952</u>		(Month) (Day) (Year)		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>JAN 25, 1883</u>		9. AGE (in years last birthday) <u>69</u>		IF UNDER 1 YEAR Days <u>20</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>William MOHAN</u>			13b. MOTHER'S MAIDEN NAME <u>Isebell Bilderback</u>			14. NAME OF HUSBAND OR WIFE <u>Dellie MOHAN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harley Mohan Fern Daley Mich.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u>		ANTECEDENT CAUSES					<u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					<u>3 weeks</u>	
DUE TO (b) <u>Post operative Prostectomy</u>		DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>Jan 12, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophic Prost.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		610X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Oct 10, 1951</u> , to <u>Feb 11, 1952</u> , that I last saw the deceased alive on <u>Feb 11, 1952</u> and that death occurred at <u>1 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Langdon Neal</u>				23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>2-14-52</u>		
24a. BURIAL, CREMATION, TION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>		24d. LOCATION (City, town, or county) (State) <u>LEADINGTON, MO.</u>		
DATE REC'D BY LOCAL REG. <u>2-17-52</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Caldwell Flat River Mo.</u>		141		

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-19-52

FEB 21 REC'D
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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
Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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 this body is not embalmed, fact should be so stated above.