

FILED MAR 30 1953

STANDARD CERTIFICATE OF DEATH

State File No. **10668**

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 5786		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1 1/2 Miles N.W. Charleston		c. LENGTH OF STAY (in this place) 2 Hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		0672	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm 1 1/2 Miles N.W. Charleston				d. STREET ADDRESS (If rural, give location) Mitchell House			
3. NAME OF DECEASED (Type or Print) a. (First) Stephen		b. (Middle) Joachim		c. (Last) Ohmes		4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH March, 5, 1882		9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: 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 Farming		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ernst August Ohmes			13b. MOTHER'S MAIDEN NAME Gertrude Wiechens			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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tom Ohmes, R#2 Charleston, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degeneration of the muscular fibers of the heart muscles. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Instant	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) Miss Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 2, 1953 m.		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 No medical attendance , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. Shelby, Coroner				23b. ADDRESS East Prairie, Mo.		23c. DATE SIGNED 2-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/4/53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Mo.	
DATE REC'D BY LOCAL MAR 30 1953		REGISTRAR'S SIGNATURE Edgar A. Bridges		FUNERAL DIRECTOR'S SIGNATURE Edward E. Ruppel		ADDRESS The Nunnelee Funeral Chapel, Charleston, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0670
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MAR 26 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAR 27 1953

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 John F. Ammerlaan Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.