

FILED SEP 28 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 32444

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 85

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 town) R. #2 Charleston		c. LENGTH OF STAY (In this place) 43 Years	c. CITY (If outside corporate limits, write RURAL and give township) R. #2 Charleston		0670
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. R. #2 Charleston			d. STREET ADDRESS (If rural, give location) R. #2 Charleston		
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) J.	c. (Last) Ohmes	4. DATE OF DEATH (Month) (Day) (Year) September, 8, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 17, 1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days
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 Addie Ohmes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Ohmes, Charleston, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 2 da
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterio sclerotic heart disease hypert		
			DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION no	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) 4200			
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 Sept 6, 1953, to Sept 8, 1953, that I last saw the deceased alive on Sept 6, 1953, and that death occurred at 3:45A m., from the causes and on the date stated above.					
23a. SIGNATURE R. Chris Kolesny M.D.			23b. ADDRESS Charleston Mo		23c. DATE SIGNED 9/10/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/10/53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Mo.		
DATE REC'D BY LOCAL REG. 9-23-53	REGISTRAR'S SIGNATURE Jean F. Hearnes	480	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Numelea Funeral Chapel, Charleston, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

0670

RECEIVED

Miss. Co. Health Dept  
County File No. 953  
Date Filed SEP 25 1953

SEP 24 1953

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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 Edward E. Pennington

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

**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.