

S. No. 300
V. 10.48

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22385

State File No.

BIRTH NO. REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5193 Registrar's No. 10

0170

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

1. PLACE OF DEATH a. COUNTY <u>Carroll.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne. Egypt. Lifetime.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne. RURAL - Egypt Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #. 2. West Town. 1/2 Mile</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #. 2.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> b. (Middle) <u>Grace</u> c. (Last) <u>Mohn.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July. II. 1954.</u>
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5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>March. 4. 1897.</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Work.</u>	11. BIRTHPLACE (State or foreign country) <u>Norborne, Carroll County, U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Joseph Stratton.</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Francis Vantrump.</u>	14. NAME OF HUSBAND OR WIFE <u>Fred L. Mohn.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>499-14-3627</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred L. Mohn</u>	ADDRESS
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strokes - Adams Syndrome</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>
	ANTECEDENT CAUSES DUE TO (b) _____		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-11-, 1954, to 7-11-, 1954, that I last saw the deceased alive on 7-11-, 1954, and that death occurred at 2:15 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph G. Barrell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>212 South Pine St. Norborne, Mo.</u>	23c. DATE SIGNED <u>7-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July. 14. 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>7-14-1954</u>	REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>John G. Deetch</u>	ADDRESS <u>Norborne, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1962

APR 27 1960

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 Ma

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John G. Deitch
Licensed Embalmer No. 3654

P. O. Address Norborne 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.