

FILED FEB 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2327  
Registrar's No. 14

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pike</u> b. CITY OR TOWN <u>Louisiana</u> c. LENGTH OF STAY (in this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> c. CITY OR TOWN <u>Bowling Green</u> d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>BB Springs Rest Home</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>George B.</u> b. (Middle) <u>Mohr</u> c. (Last) _____ (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>1-26-56</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>single</u>	<b>8. DATE OF BIRTH</b> <u>9-30-1883</u>
<b>9. AGE</b> (In years last birthday) <u>72</u>		<b># UNDER 1 YEAR</b> Months <u>3</u>	<b>DAY</b> <u>26</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farm hand</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Troy, Missouri</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>US</u>		<b>13a. FATHER'S NAME</b> <u>George W. Mohr</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Marsh</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		<b>16. SOCIAL SECURITY NO.</b> <u>no</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. E. J. Straube Sr. Bowling Green</u>			
<b>18. CAUSE OF DEATH:</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Nephritis</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 yrs</u>  <u>3 yrs</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  <u>4222</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>1952</u> <b>to</b> <u>1-23</u> , 19 <u>56</u> , <b>that I last saw the deceased alive on</b> <u>1-23</u> , 19 <u>56</u> , <b>and that death occurred at</b> <u>1-24</u> m., <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>J. M. Mathews M.D.</u>		<b>23b. ADDRESS</b> <u>Bowling Green Mo</u>	
<b>23c. DATE SIGNED</b> <u>1-30-56</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>1-26-56</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Bowling Green Mo</u>	
<b>DATE REC'D BY LOCAL REP.</b> <u>Feb 14 1956</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Bernice Collier</u>	
<b>52 FUNERAL DIRECTOR'S SIGNATURE</b> <u>J. O. Mudd</u>		<b>ADDRESS</b> <u>Bowling Green, Mo</u>	

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..... *James C. Mudd*

Licensed Embalmer No. *415*

P. O. Address *Bancroft*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, 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.