

FILED NOV 18 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 41059

Registration District No. 385

Primary Registration District No. 3039

Registrar's No. 28/

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part-I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Marceline Mo. 058/		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bunton Rest Home			Length of stay in 1b 5 Mo.	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William David Lohmar				4. DATE OF DEATH Month Day Year Nov. 9 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Mar. 28 1876		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days 7 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpentering	10b. KIND OF BUSINESS OR INDUSTRY Builder	11. BIRTHPLACE (City and state or country) Keokuk Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Frank D. Lohmar				14. MOTHER'S MAIDEN NAME Regina Isabella Mueller			
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. 495-07-3954		17. INFORMANT George Lohmar		Address Marceline Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Septicemia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Gangrene of Left leg</i> DUE TO (c) <i>Arteriosclerotic Cardiovascular disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>1) Embolus of Pulm Artery 2) Encephalomalacia 3) Pneumonia 4) Dehydration</i>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>July 1954</i> to <i>Nov 9 1957</i> and last saw <i>him</i> alive on <i>11-9-57</i> Death occurred at <i>2:10 P m</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>George J. J. W.</i> (Degree or title)				22b. ADDRESS <i>Marceline Missouri</i>		22c. DATE SIGNED <i>11-10-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Nov 11 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Price Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Winigan Missouri</i>			
24. FUNERAL DIRECTOR Larson Funeral Service <i>Bucklin Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>11-10-57</i>		26. REGISTRAR'S SIGNATURE <i>Brookie Owens</i>		

(Licensed Embalmer's Statement on Reverse Side)

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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.....
Signature of Student Embalmer

Signed..... *E. A. Larson*

Licensed Embalmer No. 4037

P. O. Address..... Bucklin, M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.