

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012662

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 70

Primary Registration District No.

Registrar's No. 22

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY CLARK <i>Wyaconda mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLARK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Wyaconda</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WYACONDIA <i>c 2 30 0</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		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 LEWIS PETER MOHR			4. DATE OF DEATH Month Day Year APR. 8 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 14, 1875
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Member</i>		9b. KIND OF BUSINESS OR INDUSTRY Preacher	9. AGE (In years, last birthday) 83
10a. FATHER'S NAME Fred Mohr		10b. MOTHER'S MAIDEN NAME Cigna Kuns	10. CITIZEN OF WHAT COUNTRY? U.S.
11. BIRTHPLACE (City, and state or county) <i>Scotland County, Mo.</i>		12. NAME OF HUSBAND OR WIFE Mary Mohr	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. SOCIAL SECURITY NO.	15. INFORMANT <i>Mary Mohr, Wyaconda, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 yrs 6 yrs
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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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 5 - 10 - 1952 to 4 - 8 - 1959 and last saw ^{her} _{him} alive on 4 - 8 - 1959 Death occurred at 2 00 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Tom McKeethler D.O.</i> (Degree or title)		22b. ADDRESS Memphis, Mo.	22c. DATE SIGNED 4-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	4-11-59	Etna Cemetery	Scotland Mo
24. FUNERAL DIRECTOR ADDRESS Gerth & Backett Wyaconda, Mo		25. DATE RECD. BY LOCAL REG. 4/13/59	26. REGISTRAR'S SIGNATURE <i>J. T. ...</i>

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 George V. Baskett

Licensed Embalmer No. 1817
P. O. Address Wyalond

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.