

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016529

FILED VS. MAY 10 1960

316

Primary Registration District No. 3060

Registrar's No. 173

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST FRANCOIS				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON		Length of stay in 1b		c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 So. Jefferson			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 306 SO JEFFERSON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle FREDERICK Last SOHN				4. DATE OF DEATH Month MAY Day 2 Year 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-7-1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATE HOSP. ATTND.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CALEDONIA MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME NICHOLAS SOHN			13b. MOTHER'S MAIDEN NAME HATTIE E, McENTIRE			14. NAME OF HUSBAND OR WIFE WINIFRED SOHN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 490-14-9314		17. INFORMANT Address MRS, WINIFRED SOHN FARMINGTON 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) acute Congestive failure -							INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypertensive heart disease -							10 yrs	
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 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 May 1955 to April 30-1960 when I saw him alive on April 15-1960 Death occurred at 8:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) P. C. Reynolds D.O.				22b. ADDRESS Farmington, Mo			22c. DATE SIGNED 5-2-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY, 4 1960	23c. NAME OF CEMETERY OR CREMATORY PILOT KNOB		23d. LOCATION (City, town, or county) (State) PILOT KNOB MO.			
24. FUNERAL DIRECTOR ADDRESS C. H. COZEAN FARMINGTON MO.				25. DATE RECD. BY LOCAL REG. May 2, 1960		26. REGISTRAR'S SIGNATURE Ether Redliff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 2 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

A. A. Howell

Licensed Embalmer No. 5317

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.