

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC-18407291 SL 7953

4584 -61-019496

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4584 STATE FILE NUMBER

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>915 N GRAND, ST LOUIS, MO.</u>    |  | a. STATE <u>MISSOURI</u> b. COUNTY <u>IRON</u>  |  |
| Length of stay in 1b <u>128 DAYS</u>  |  | c. CITY OR TOWN <u>MIDDLE BROOK</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>VETS. ADMIN. HOSPT.</u> |  | d. STREET ADDRESS (If outside, give location)   |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>    |  |

|  |                                  |   |  |  |                                |
|--|----------------------------------|---|--|--|--------------------------------|
| 3. NAME OF DECEASED (Type or print)  |                                  |   | 4. DATE OF DEATH   |  |                                |
| First  | Middle                           | Last  | Month  | Day  | Year                           |
| <u>GEORGE</u>  | <u>CLARENCE</u>                  | <u>SOHN</u>   | <u>MAY</u>   | <u>13</u>  | <u>1961</u>                    |
| 5. SEX<br><u>MALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>6/23/91</u>                                       | 9. AGE (last birthday)<br><u>69</u>              | IF UNDER 1 YEAR<br>Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMER</u>                   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>CALEDONIA, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>     |                                |
| 13a. FATHER'S NAME<br><u>NICHOLAS SOHN</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>HATTIE MC INTYRE</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>MAMIE SOHN</u> |                                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>YES NW I</u> |                                  |   | 17. INFORMANT<br><u>MAMIE SOHN (WIDOW) SEE #2</u>                        |  |                                |

|  |  |                                  |
|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>METASTASIS FROM CARCINOMA OF RECTUM</u>   |  |                                  |
| DUE TO (b) _____   |  |                                  |
| DUE TO (c) _____   |  |                                  |

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|---|--|--|--|
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

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|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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.) |
|---|---|--|

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|--|
| 20c. TIME OF INJURY<br>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 |
|--|--|------------------------------|--------|-------|

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| 21. <u>VA</u> attended the deceased from <u>1/5/61</u> to <u>5/13/61</u> and last saw him alive on <u>5/13/61</u><br>Death occurred at <u>3:35 P</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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|   |  |                                    |
|---|--|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>Edward S. Rader M.D.</u> | 22b. ADDRESS<br><u>VAH, ST. LOUIS, MO.</u> | 22c. DATE SIGNED<br><u>5/13/61</u> |
|---|--|------------------------------------|

|   |                                |                                    |   |
|---|--------------------------------|------------------------------------|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 23b. DATE<br><u>-5-15-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State)<br><u>Ironton, Missouri</u> |
|---|--------------------------------|------------------------------------|---|

|   |  |  |
|---|--|--|
| 24. FUNERAL DIRECTOR<br><u>White Funeral Home, Ironton, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>MAY 15 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Loel Smith, M.D.</u> |
|---|--|--|

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1961 JUN 2

**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 Darryl E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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