

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 116 Primary Registration District No. 4187 Registrar's No. 226 2861-032112

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin											
b. CITY (If outside corporate limits, give TOWNSHIP only) New Haven		Length of stay in 1b entire life		c. CITY OR TOWN New Haven		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION AT home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		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 Sophia Middle M. Last Pohlmann				4. DATE OF DEATH Month Sept. Day 26 Year 1961											
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-25-1875		9. AGE (last birthday) 86		IF UNDER 1 YEAR Months 5 Days 1		IF UNDER 24 HR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife				10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and state or country) New Haven Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.							
13a. FATHER'S NAME Louis Scheer				13b. MOTHER'S MAIDEN NAME Marie Obermuller				14. NAME OF HUSBAND OR WIFE Fred Pohlmann							
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. None		17. INFORMANT Mrs. Anna Scheer New Haven Mo. Address									
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 Nephritis										INTERVAL BETWEEN ONSET AND DEATH 3 yrs.					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis										5 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 June 7, 1960 to Sept. 26, 1961 and last saw her <u>her</u> alive on Sept. 24, 1961 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 <i>[Signature]</i>				(Degree or title) D. O.				22b. ADDRESS New Haven, Missouri				22c. DATE SIGNED 9/28/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-29-1961		23c. NAME OF CEMETERY OR CREMATORY Bethlehem Luth Cem.				23d. LOCATION (City, town, or county) (State) New Haven Mo.							
24. FUNERAL DIRECTOR L. C. Fertig & Son New Haven Mo.				ADDRESS				25. DATE RECD. BY LOCAL REG. 9/30/61		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 Earl Q. Jutej

Licensed Embalmer No. 13385

P. O. Address New Haven

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.