

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18606

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS CO	
b. CITY OR TOWN COLUMBIA		c. CITY OR TOWN SEDALIA	
c. LENGTH OF STAY (in this place) 5 DAYS		d. STREET ADDRESS (If rural, give location) 222 2nd St	
d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISCHER CANCER HOSP		4. DATE OF DEATH (Month) (Day) (Year) 6 15 1949	
3. NAME OF DECEASED (Type or Print) JOSEPH JIRD NAHLER		5. SEX M 6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 8-25-83	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOTEL MAINTENANCE MAN	
11. BIRTHPLACE (State or foreign country) Colby Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE ROSE K. NAHLER		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. _____		17. INFORMANT'S SIGNATURE OR NAME Hospital Record ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute leukemia & anemia INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from June 10 1949 , to June 15, 1949 , that I last saw the deceased alive on June 15, 1949 , and that death occurred at 11:25 m. from the causes and on the date stated above.			
23a. SIGNATURE Lawrence W. O'Neal M.D.		23b. ADDRESS Ellis Fisher Cancer Hosp Columbia, Mo	
23c. DATE SIGNED 6/15/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE June 15, 1949		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) Chambers, Mo.		DATE REC'D BY LOCAL REG. June 15 1949	
REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		5. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia, Mo. ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed MAR 21 1949

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
Student Embalmer

Signed _____

Charles L. Baring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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 this body is not embalmed, fact should be so stated above.