

10.48

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23260

State File No.

46
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5-550</u>		Registrar's No. <u>9</u>		
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>				
b. CITY OR TOWN <u>Bakersfield</u>		c. LENGTH OF STAY (in this place) <u>40yrs</u>		c. CITY OR TOWN <u>Bakersfield</u> <u>46</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>RFD</u>				
3. NAME OF DECEASED (Type or Print) <u>Fred</u>			a. (First)		b. (Middle)		c. (Last) <u>Kohler</u>	
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>24</u>		(Year) <u>49</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>M</u>		8. DATE OF BIRTH <u>11-10-62</u>		
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR <u>5</u>		IF UNDER 1 YEAR <u>11</u>		IF UNDER 1 HRS. <u>4</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Bern, Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Ulrew Kohler</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Hoffstetter</u>		14. NAME OF HUSBAND OR WIFE <u>Eliza Kohler</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otto Kohler</u> ADDRESS <u>Bakersfield</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral valvular insufficiency</u>				DUE TO (b) <u>Old age & Debility</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u></u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>410X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>Orash</u>		(COUNTY) <u>Mo.</u> (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>4-22, 1949</u> , to <u>4-23, 1949</u> , that I last saw the deceased alive on <u>4-24, 1949</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Deborah Doan MD - C</u> (Degree or title)				23b. ADDRESS <u>Bakersfield Mo.</u>		23c. DATE SIGNED <u>5-3-1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>4-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant</u>		24d. LOCATION (City, town, or county) <u>Janicelet Ark</u> (State)		
DATE REC'D BY LOCAL REG. <u>6-27-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson's Mortuary Mo</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

7/5/49

District Health Officer No. 5,

District File Number 749500

Date Filed 7-14-49

147500

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.....

..... working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *D. D. Robertson*

Licensed Embalmer No. 3437

P. O. Address *West Plain, N.J.*

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.