

FILED DEC 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38337

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 374		
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 25 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0804		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hotel				d. STREET ADDRESS (If rural, give location) St. Francis Hotel				
3. NAME OF DECEASED (Type or Print) a. (First) Gussie b. (Middle) Givens c. (Last) Mohler			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1951					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 28, 1880		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Pilot Grove, Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thos. Meredith		13b. MOTHER'S MAIDEN NAME Amanda Jane Genty		14. NAME OF HUSBAND OR WIFE Wm. N. Mohler				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Benedict		ADDRESS -406 E. 5		
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, ashenia, 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) Acute Coronary Thrombosis				15 min				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease				4 years				
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		4200		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) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 _____, 1949, to Nov 25, 1951, that I last saw the deceased alive on Nov 21, 1951, and that death occurred at 10:15 p.m., from the causes and on the date stated above.								
23a. SIGNATURE W. R. Edwards M.D. (Degree or title)				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 11/26/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 28, 1951	24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia Mo			
DATE REC'D BY LOCAL REG. 11-28-51		REGISTRAR'S SIGNATURE W. A. Campbell M.D. (Hall Deputy)		25. FUNERAL DIRECTOR'S SIGNATURE M. Laughlin Bm.		ADDRESS Sedalia		

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 4 1951

DISTRICT HEALTH OFFICE No. 3

District File Number ~~DEC 4 1951~~

Date Filed \_\_\_\_\_

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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 *W. M. Gray* \_\_\_\_\_

Licensed Embalmer No. *3153* \_\_\_\_\_

P. O. Address *Sedalia 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.