

FILED APR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12424

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 100			
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. LENGTH OF STAY (In this place) 22 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		0260			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL				d. STREET ADDRESS (If rural, give location) R. R. # 1					
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) EDWARD c. (Last) IHLER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 15, 1952						
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 1, 1870		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 1		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) COLE COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME VICTOR IHLER		13b. MOTHER'S MAIDEN NAME THRESA SOMMERHIZEN		14. NAME OF HUSBAND OR WIFE EMMA PFEFFER					
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'S SIGNATURE OR NAME MRS. BERTHA ANDREWS		ADDRESS J. C. MO.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia of lobar</i> 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. <i>Arteriosclerotic Heart Disease</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>490X</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 <i>Mar 22</i> 1952, to <i>Apr 15</i> , 1952, that I last saw the deceased alive on <i>Apr 15</i> , 1952, and that death occurred at <i>1:45 Pm.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>L. B. Z. [Signature]</i>				23b. ADDRESS <i>Jefferson City, Mo.</i>		23c. DATE SIGNED <i>4-17-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 18, 1952	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS		24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.				
DATE REC'D BY LOCAL REG. <i>April 18-1952</i>		REGISTRAR'S SIGNATURE <i>R. P. Davis M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Sybil [Signature]</i>		ADDRESS J. C. MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 Sylvester Dull

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.