

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

15845

State File No. \_\_\_\_\_

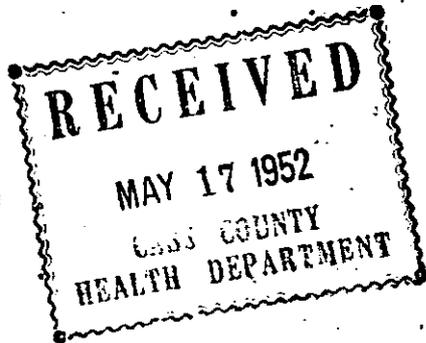
FILED MAY 21 1952

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4095		Registrar's No. 72		
1. PLACE OF DEATH a. COUNTY <u>Cass.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Drexel, Mo.</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Drexel.</u>		0190		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hospital. Own home.</u>				d. STREET ADDRESS (If rural, give location) <u>Stuart Hights.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Hearson</u> c. (Last) <u>Kohlenberg.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May, 11, 1952</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>Apr. 28, 1876</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Household duties.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John B. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>A. C. Kohlenberg.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. E. Hearson, Drexel, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION							
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>Metral Valve Lesion</u>							
	DUE TO (b) _____							
	DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
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) (COUNTY) (STATE) <u>410X</u>					
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>May 9, 1952</u> to <u>5/11/52, 1952</u> , that I last saw the deceased alive on <u>5/11/52, 1952</u> , and that death occurred at <u>7:50 a.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>Basil L. Hartwell</u>			23b. ADDRESS <u>Drexel, Missouri.</u>		23c. DATE SIGNED <u>5/13/52.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/13/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Drexel, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>5/13/52.</u>	REGISTRAR'S SIGNATURE <u>Dora Barward</u>		457-99		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drexel, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0190  
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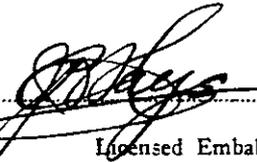
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXXXXXXXXXXX~~.....

~~XXXXXXXXXXXX~~

working under ~~my personal supervision~~.....

Student ~~XXXXXXXXXXXXXXXXXXXX~~  
Student Embalmer

Signed  J.B. Hays.....  
Licensed Embalmer No. 1950.....

P. O. Address Drexel, Missouri.

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.