

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34167

FILED OCT 21 1952

BIRTH NO. REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ind. City	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2139	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 5928 Susan Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION City			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) William	b. (Middle) Alexis	c. (Last) Mohler	Oct	18	1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4, 1902	9. AGE (in years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master Sgt.	10b. KIND OF BUSINESS OR INDUSTRY Regular U.S. Army	11. BIRTHPLACE (State or foreign country) Liberal, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jason F. Mohler	13b. MOTHER'S MAIDEN NAME Mabel Unkefer	14. NAME OF HUSBAND OR WIFE Leona N. Mohler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Worldwar II 491-05-9251	17. INFORMANT'S SIGNATURE OR NAME Leona N. Mohler,	ADDRESS St. Louis, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) 0	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) 0	
	II. OTHER SIGNIFICANT CONDITIONS	0	
	Conditions contributing to the death but not related to the disease or condition causing death.	0	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		4201

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 0
0	m.	

22. I hereby certify that I attended the deceased from 10/18, 1952, to 10/18, 1952, that I last saw the deceased alive on 10/18, 1952, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE S. E. Eddleman MD (Degree or title)	23b. ADDRESS Liberal, Mo	23c. DATE SIGNED 10/19/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks Natl.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. Oct. 20, 1952	REGISTRAR'S SIGNATURE Charlotte McDowell	25. FUNERAL DIRECTOR'S SIGNATURE J. M. Derkey	ADDRESS Mulberry, Kans
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(Licensed Embalmer's Statement on Reverse Side)

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

0060
3

OCT 30 1952
NOV 21 1952

OCT 31 1952

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.

Signed.....
Student Embalmer

Signed

J. M. Berkey

Licensed Embalmer No. 2376

P. O. Address Mulberry, Texas

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.