

FILED JAN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1766

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MARION</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>3 Wks</u>		c. CITY OR TOWN <u>LANNIBAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>1213 LYON ST. 0649</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>KOHLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-1955</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>AUG 9, 1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>REPUBLIC MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>MOSE BLEDSOE</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA LITRELL</u>		14. NAME OF HUSBAND OR WIFE <u>JAKEA KOHLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lynn Kohler (Hospital)</u> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic Heart Disease 2 yrs</u> DUE TO (c) <u>Diabetes Mellitus</u>					<u>3 yrs</u>	
	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 _____				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>2600 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:45 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Em. Lucke</u> (Degree or title)				23b. ADDRESS <u>707 Bolway</u>		23c. DATE SIGNED <u>1/15/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LANNIBAL, MO</u>		
DATE REC'D BY LOCAL REG. <u>1-17-55</u>		REGISTRAR'S SIGNATURE <u>Dr. Em. Lucke</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark</u>		ADDRESS <u>Amelino</u>	

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED JAN 20 1955
MARION CO. HEALTH DEPT.
DATE FILED JAN 20 1955

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.....
Signature of Student Embalmer

Signed..... *Ralph Clark*

Licensed Embalmer No. *4217*

P. O. Address *Hennel, Ia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.