

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8011

State File No.

FILED APR 12 1956

BIRTH NO.		REG. DIST. NO. <u>25</u>		PRIMARY REG. DIST. NO. <u>5094</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Osage Twp</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Lees Summit</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>2 Mi. South of Rich Hill</u>				e. STREET ADDRESS (If rural, give location) <u>402 N. Grand St.</u> <u>1001</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CLIFFORD</u>		b. (Middle) <u>HARRISON</u>		c. (Last) <u>MAHLER</u>	
4. DATE OF DEATH		Month <u>April</u>		Day <u>3</u>		Year <u>1956</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>July 5, 1911</u>	
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Metz, Missouri</u>			
13a. FATHER'S NAME <u>George W. Mahler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brown</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>World war 11</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wilbur Mahler-Lees Summit, Mo.</u>			
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) <u>gunshot wound! self inflicted</u>		ANTECEDENT CAUSES				inst.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>22 rifle shot entered mouth to brain!</u>					
		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 <u>DEAD AND ON ARRIVAL</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE, (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bates Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 3 56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>suicide</u>			
22. I hereby certify that I attended the deceased from <u>dead on arrival</u> , 19 <u>56</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>9</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Clair Smith</u> (Name or title) <u>sheriff acting coroner</u>				23b. ADDRESS <u>Butler Mo.</u>		23c. DATE SIGNED <u>4/6</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/6/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hume Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hume Missouri 56</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 9, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edwin Douglas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Service</u>		ADDRESS <u>Rich Hill</u>	

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

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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..... Signature of Student Embalmer

Signed..... John G Underwood

Licensed Embalmer No. 358
P. O. Address Butler

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.