

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9225

FILED MAR 27 1956

State File No.

1008

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>50 yrs.</u>	c. CITY OR TOWN <u>KANSAS CITY</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>603 4435 Troost AVENUE 3630</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>E</u> c. (Last) <u>Mohn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 2, 1956</u>
--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 18, 1864</u>	9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>91</u>
--------------------	-------------------------------	---	--------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - 5 yrs</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHAMPAIGNE ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>JOHN MOHN</u>	13b. MOTHER'S MAIDEN NAME <u>MELL JORDON</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. KITTIE MOHN</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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR. OTHO WHITESIDE</u> ADDRESS <u>WELLINGTON KAS</u>
--	-------------------------------------	---

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) <u>Myocardial Insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Arterio Sclerosis</u> DUE TO (c) <u>Generalized Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>Pernicious Anemia</u> <u>Left Pleural Effusion</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--	--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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 Jan-1-, 1950, to Mar-2-, 1956, that I last saw the deceased alive on Mar-1-, 1956, and that death occurred at 3:06 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl H. Brust</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>106 W 14th St K.C. Mo</u>	23c. DATE SIGNED <u>Mar-4-56</u>
---	---	----------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MARCH 7 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>3-7-56</u>	REGISTRAR'S SIGNATURE <u>Meva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SON</u> ADDRESS <u>1331 Brush Creek KANSAS CITY, MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Carl H. Brust M.D.

Trinity Lutheran
P.O. Crest

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.....
Thelma Kessel

Licensed Embalmer No. *469*

P. O. Address.....
K.C.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.