

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12625

State File No. ....

FILED APR 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 56

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 OR TOWN <u>Harrisonville</u> )		c. CITY OR TOWN <u>Harrisonville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>62 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>609 W. Mechanic</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>609 W. Mechanic (Home)</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Catherine</u>	b. (Middle) <u>Margaret</u>	c. (Last) <u>Kohler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 23, 1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Month <u>5</u> Day <u>24</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisonville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John L. Kohler</u>	13b. MOTHER'S MAIDEN NAME <u>Mary L. Benight</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John Kohler Harrisonville, Missouri</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS Abdominal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>
	ANTECEDENT CAUSES DUE TO (b) <u>CARCINOMA Rt. Ovary</u>		UNKNOWN
	DUE TO (c) <u>NO</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NO</u>			

19a. DATE OF OPERATION <u>JAN. 1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>Abdominal CARCINOMATOSIS</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 17 1956</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from JAN. 1956, to APRIL 17, 1956, that I last saw the deceased alive on APRIL 17, 1956, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	Degree or title <u>MD</u>	23b. ADDRESS <u>Harrisonville MO</u>	23c. DATE SIGNED <u>18 April 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/19/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5 Apr 19 1956</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ceterson Bros Harrisonville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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 *Robert W. Atkinson*.....

Licensed Embalmer No. *4902*

P. O. Address *Hammock*.....

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.