

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35042

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5962 Registrar's No. 8V

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall Twn.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Weston,</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0830</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mile NE Weston</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Rural.</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Clarēnce</u> Middle <u>Rinehart</u> Last <u>Ohlhausen</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>18</u> Year <u>1956</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> -DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 6, 1895</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (City and state or country) <u>Weston, Missouri</u>
13. FATHER'S NAME <u>Charles A. Ohlhausen</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
14. MOTHER'S MAIDEN NAME <u>Sarah Rinehart</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>	
16. SOCIAL SECURITY NO. <u>XXXXXXX</u>		17. INFORMANT <u>Mrs. C. R. Ohlhausen</u> Address <u>Weston, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of mouth &amp; throat</u>			6 yrs.
DUE TO (c) <u>XXXXXXXXXX</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>XXXXXXXXXX</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>XXXXXXXXXXXXXXXXXX</u>	
20c. TIME OF INJURY Hour <u>XXXXXX</u> Month <u>XXXXXX</u> Day <u>XXXXXX</u> Year <u>XXXXXX</u> a. m. <u>XXXXXX</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXX</u>	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Weston.</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>Dead on arrival</u> and last saw her/him alive on _____ Death occurred at <u>5 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Lewis C. Belverh M.D.</u>		22b. ADDRESS <u>Weston Missouri</u>	22c. DATE SIGNED <u>10/20/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct, 20-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u>
24. FUNERAL DIRECTOR <u>Vaughn Funeral Home</u> ADDRESS <u>Weston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 20-56</u>	26. REGISTRAR'S SIGNATURE <u>Rphia Rollins</u>



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 *W. R. Vaughn* .....

Licensed Embalmer No. *4* .....

P. O. Address *Wesley* .....

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.