

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5522**

FILED FEB 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (in this place) <b>3 wks</b>	c. CITY OR TOWN <b>Hannibal</b> <b>0644</b> <b>0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Covering Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>408 Rock St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacob</b> b. (Middle) <b>A.</b> c. (Last) <b>Kohler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 2 - 1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 21, 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labour</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Durst Steel Co.</b>	9. AGE (In years last birthday) <b>83</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>New York City, N.Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>Henry Kohler</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Nancy Kohler (D)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jack Kohler Hannibal, Mo.</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b>  ANTECEDENT CAUSES DUE TO (b) <b>Arterio Sclerotic heart disease</b> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4 200</b>	
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) <b>O</b>	
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 <b>Jan. 25, 1957</b> , to <b>Feb. 2, 1957</b> , that I last saw the deceased alive on <b>Feb. 2, 1957</b> , and that death occurred at <b>1:45 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Jan Canella M.D.</i>		23b. ADDRESS <b>M. D. 707 Bdwy, Hannibal, Mo.</b>	23c. DATE SIGNED <b>2-5-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-4-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>
DATE REC'D BY LOCAL REG. <b>2-5-57</b>	REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alfred Clark</i>	ADDRESS <b>Hannibal, Mo.</b>

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

189

RECEIVED FEB 14 1957  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 14 1957

---

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...Hannibal, Mo.

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.