

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019743

FILED VS. JUN 1 1960

146

Primary Registration District No. 3026

Registrar's No. 268

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence,		a. STATE Missouri b. COUNTY Jackson		c. CITY OR TOWN Independence,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rest Haven Home		Length of stay in 1b 4 yrs		d. STREET ADDRESS (If outside, give location) 1500 Truman Road		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ABIGAIL MOHLER				4. DATE OF DEATH Month Day Year May 23. 1960			
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/29/1865	
9. AGE (last birthday) 94 YEARS		IF UNDER 1 YEAR Months 20 Days 23		IF UNDER 24 HR Hours 2 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper retired	
10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Virginia		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Samuel Wine			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE James Mohler, dec'd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address B. W. Mohler, Tulsa, Oklahoma			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Pneumonia						3 days	
DUE TO (b) Intertrochanteric Fracture of hip						9 weeks	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall to floor of home			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 4 20 60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Independence Jackson Missouri	
21. I attended the deceased from April 20, 1960 to May 21, 1960 and last saw her alive on May 3, 1960. Death occurred at 130 Ave on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Chas. Grasse, M.D.				22b. ADDRESS Independence, Mo		22c. DATE SIGNED 5/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/23, 1960		23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery,		23d. LOCATION (City, town, or county) (State) Holden, Missouri	
24. FUNERAL DIRECTOR ADDRESS Canaday & Ropp, Holden, Missouri				25. DATE RECD. BY LOCAL REG. 5-23-60		26. REGISTRAR'S SIGNATURE James H. [Signature]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *M. R. Canaday*

Licensed Embalmer No. 3434

P. O. Address Holden, Missou

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