

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5927-60-046231
STATE FILE NUMBER

FILED VS DEC 19 1960 149

Registration District No. 1002 Registrar's No.

DED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DE KALB					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		Length of stay in lb 55 Days		c. CITY OR TOWN CAMERON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL, KC, MO.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 644 PARK AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MORRIS Middle M Last MOKLER				4. DATE OF DEATH Month NOV Day 24 Year 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-1-88	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY NOT APPLICABLE		11. BIRTHPLACE (City and state or country) SPRINGFIELD, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME MICHAEL MOKLER			13b. MOTHER'S MAIDEN NAME NANCY LORGI			14. NAME OF HUSBAND OR WIFE MARY L. MOKLER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 2-25-16 to 10-31-18328 10 8123			16. SOCIAL SECURITY NO. VA HOSPITAL RECORDS, KANSAS CITY, MO.		17. INFORMANT Address				
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) Encephalomalacia, right cerebral hemisphere									
DUE TO (b) Atherosclerosis, generalized, severe									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. attended the deceased from 9-30-60 to 11-24-60				11/24/60 11:05 PM 11-24-60					
Death occurred at 11:05 PM 11-24-60 on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R.A. Owing, M.D. (Degree or title)				22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO.				22c. DATE SIGNED 11-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)				
Funeral		Nov 28, 60	Waynesville Cemetery		Waynesville Illinois				
24. FUNERAL DIRECTOR ADDRESS Delmas BRINK CAMERON MO				25. DATE RECD. BY LOCAL REG. 11-25-60		26. REGISTRAR'S SIGNATURE H.L. Dwyer			

DOCUMENT

MEDICAL CERTIFICATION

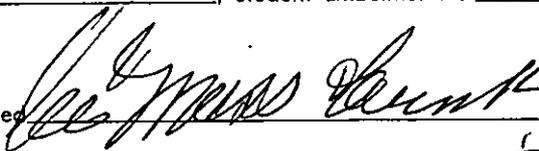
BY AFFIDAVIT OF DWELLINGS

MS DEC 19 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 75

P. O. Address Cameo

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