

FILED VS FEB 20 1961

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

-61-005180

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 349

1. PLACE OF DEATH a. COUNTY 0431 Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri			b. COUNTY Johnson							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN Leeton, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller Nursing Home			Length of stay in 1b 5 yrs.			d. STREET ADDRESS Leeton, Mo.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last LAURA BELL MOHLER						4. DATE OF DEATH February 1st, 1961 Month Day Year							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-28-1864		9. AGE (In years last birthday) 96		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Bradford, Ohio				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME David Bosserman				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Roudolph D. Mohler, Deceased					
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 Mr. Perru Mohler, Leesumit, Missouri				Address					
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>Cardiac & respiratory failure</u>										INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs			
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.										DUE TO (b) <u>Arteriosclerotic heart disease</u>		2 years	
										DUE TO (c) <u>Generalized arteriosclerosis</u>		1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.													
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE							
21. I attended the deceased from <u>July, 1960</u> to <u>Feb 1, 1961</u> and last saw ^{her} him alive on <u>Feb 1, 1961</u> Death occurred at <u>10:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Charles R. Simmons, M.D.</u>						22b. ADDRESS <u>Windsor, Missouri</u>			22c. DATE SIGNED <u>2-2-1961</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-4-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery,</u>			23d. LOCATION (City, town, or county) <u>Leeton, Missouri</u>			(State)			
24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-13-61</u>		26. REGISTRAR'S SIGNATURE <u>Mary Briggs (Dep.)</u>							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 5377

P. O. Address Warrington

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.