

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032279

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

77 Primary Registration District No. 3016 Registrar's No. 285

Registration District No. **FILED OCT 5 1961**

AMENDED

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY MARIES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Length of stay in 1b 11 days	c. CITY OR TOWN VIENNA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL COMMUNITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle THEODORE Last IHLER			4. DATE OF DEATH Month OCT Day 1 Year 1961			
5. SEX MALE	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 2-24-1871	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) OSAGE Co. Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME PAUL IHLER			13b. MOTHER'S MAIDEN NAME JESSIE TILLMAN			14. NAME OF HUSBAND OR WIFE EMMA GRANNAMAN	
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.		17. INFORMANT MINNIE EADS Address VIENNA, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerosis generalized years year		INTERVAL BETWEEN ONSET AND DEATH year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) the atherosclerosis	
	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	
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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 6:00 a.m. AM 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. I attended the deceased from Jan-1-61 to 10-1-61 and last saw Jan 10-4-61 Death occurred at 6:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Crean C. Taylor M.D.		22b. ADDRESS Jefferson City		22c. DATE SIGNED 10-1-61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1/3/61	23c. NAME OF CEMETERY OR CREMATOR Visitation	23d. LOCATION (City, town, or county) Vienna Mo	

24. FUNERAL DIRECTOR M.C. Humphreys	ADDRESS Vienna Mo	25. DATE RECD. BY LOCAL REG. 2 Oct. 1961	26. REGISTRAR'S SIGNATURE P. Davis M.D. Richter
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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. C. Birmingham*

Licensed Embalmer No. 3664

P. O. Address *Merida*

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.