

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-039192

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 5586

Registrar's No. 178

FILED OCT 18 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MARION TOWNSHIP</u>		Length of stay in lb <u>11 YRS.</u>	c. CITY OR TOWN <u>CARTHAGE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. McCUNE BROOKS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>ROUTE # 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WILLIS</u> Middle <u>LEONARD</u> Last <u>OHLER</u>		4. DATE OF DEATH Month <u>OCT.</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10-12-16</u>
9. AGE (last birthday) <u>45</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERINTENDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARTHAGE MARBLE LAKESIDE, MISSOURI</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. NAME OF HUSBAND OR WIFE <u>#7</u>	
13a. FATHER'S NAME <u>CHARLIE E. OHLER</u>		13b. MOTHER'S MAIDEN NAME <u>JETTIE FERGUSON</u>	
14. NAME OF HUSBAND OR WIFE <u>#7</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>7</u>		17. INFORMANT <u>MRS. JETTIE OHLER-RT. 2 CARTHAGE</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SHOT IN HEAD--RIGHT SIDE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>INST.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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.) <u>16 GA. SHOTGUN DISCHARGED WHILE GOING THROUGH FENCE.</u>	
20c. TIME OF INJURY Hour <u>4:05</u> Month <u>10</u> Day <u>6</u> Year <u>62</u> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	
20e. CITY, TOWN, OR LOCATION <u>3 MI. N.W. CARTHAGE</u>		20f. COUNTY STATE <u>JASPER, MISSOURI</u>	
21. I attended the deceased from <u>DID NOT ATTEND</u> , to _____ and last saw her/him alive on _____ Death occurred at <u>4:05 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Franklin W. Fasken</i>		22b. ADDRESS <u>D.D.S. CORONER 508 FRISCO, MOPLIN, MO.</u>	22c. DATE SIGNED <u>10-6-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-9-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FASKEN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>JASPER CO. MISSOURI</u>
24. FUNERAL DIRECTOR <u>ULMER FUNERAL HOME-CARTHAGE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>10-8-62</u>	26. REGISTRAR'S SIGNATURE <i>W. J. [Signature]</i>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 18 1962

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 Melvin Darrett

Licensed Embalmer No. 5121

P. O. Address Carthage, 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.