# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027581
STATE FILE NUMBER

Registration District No. 09 Primary Registration District No. 5227 Registrar's No. 130

FILED AUG 13 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0190
2 0190
3 2
4 0
5 2
6
7 0
8 0
9 4221
10
11
12 86-2
13 20

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Peculiar Twp.
Length of stay in 1b: 3 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pleasant View Rest Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN: Archie
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOSEPH Middle: CHRISTOPHER Last: OHLERT
4. DATE OF DEATH Month: August Day: 2 Year: 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/7/1893
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Harrisonville, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Peter Joseph Ohlert
13b. MOTHER'S MAIDEN NAME: Margaret Dagenhart
14. NAME OF HUSBAND OR WIFE: ----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW # 1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ora Ohlert Address: Archie, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Cardiac Insufficiency
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? ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE 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 Oct 1962, to Aug 2 and last saw ~~her~~ him alive on Aug 2, 1963
Death occurred at 3:40 AM m on the date stated above, and to the best of my knowledge from the causes stated.
22a. SIGNATURE: H. C. Kirsch (Degree or title) MD
22b. ADDRESS
22c. DATE SIGNED: 8/13/63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 5, 1963
23c. NAME OF CEMETERY OR CREMATORY: Burford Cemetery
23d. LOCATION (City, town, or county) (State): Harrisonville, Missouri
24. FUNERAL DIRECTOR: Atkinson Dickey ADDRESS: Archie, Missouri
25. DATE REC'D. BY LOCAL REG.: 8-4-63
26. REGISTRAR'S SIGNATURE: Ray J. Sebree

(Licensed Embalmer's Statement on Reverse Side)

AUG 14 1963

**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 Robert W Atkinson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, 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.