

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1243
204

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City, Mo.</u>	c. LENGTH OF STAY (in this place) <u>N.O.A.</u>	c. CITY OR TOWN <u>Grandview 0480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 2</u>	

3. NAME OF DECEASED (Type or Print), a. (First) <u>Iris</u> b. (Middle) <u>May</u> c. (Last) <u>MOHLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 14 - 51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 27, 1950</u>	9. AGE (In years, last birthday) <u>9</u> MONTHS <u>18</u> DAYS	IF UNDER 1 YEAR Hours Min.	IF UNDER 1 WEEK Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas Concordia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Virgil Mohler</u>	13b. MOTHER'S MAIDEN NAME <u>Ada Mae Stone</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Mohler</u> ADDRESS <u>Grandview Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>57' 10"</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute gastroenteritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary atelectasis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 1-14, 1951, and that death occurred at 4:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F.C. Coleman</u> (Degree or title) <u>M.D. Pathologist</u>	23b. ADDRESS <u>4922 Bell St. K.C. Mo.</u>	23c. DATE SIGNED <u>Jan 15, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>1-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Balch Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Formosa Kansas</u>
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DATE REC'D BY LOCAL REG. <u>1-15-51</u>	REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Loggins</u> ADDRESS <u>K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Peter B. Lagetun

Signed.....

Student Embalmer

Licensed Embalmer No. *4273*

P. O. Address. *Ke Ma*

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 this body is not embalmed, fact should be so stated above.