

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <b>165</b>	PRIMARY REG. DIST. NO. <b>4257</b>	Registrar's No. <b>9</b>
1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Leeton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Leeton</b> <b>0510</b>		
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>Leeton, Missouri</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R.#1 Leeton, Mo.</b>				
3. NAME OF DECEASED: (Type or Print) <b>Forrest</b>		a. (First) <b>B. Mohler</b>		b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>June 15, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 5, 1887</b>	9. AGE (In years last birthday) <b>63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Roudolph D. Mohler</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Besseman</b>	14. NAME OF HUSBAND OR WIFE <b>Anna J. Mohler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Anna Mohler Leeton, Missouri</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metabolic Anemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Retroperitoneal Sarcoma</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs 6 mos.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>158X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 1950</b> , to <b>June 1951</b> , that I last saw the deceased alive on <b>June 14, 1951</b> , and that death occurred at <b>10:30 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Claude M. Shesher M.D.</b>		23b. ADDRESS <b>114 N Main Winder Mo.</b>		23c. DATE SIGNED <b>6/18/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-17-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SunSet Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>
DATE REC'D BY LOCAL REG. <b>June 19, 1951</b>		REGISTRAR'S SIGNATURE <b>Mamie Shesher</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.A. B... Warrensburg, Mo.</b>	

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RECEIVED  
JOHNSON COUNTY HEALTH DEPT.

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 .....  
Student Embalmer

Signed J. W. Brunninger  
.....

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.