

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12498

State File No.

Registrar's No. **4**

BIRTH NO. **FILED MAY 3 1954** REG. DIST. NO. **165** PRIMARY REG. DIST. NO. **5611**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Johnson	b. STATE Missouri	a. COUNTY Johnson	b. STATE Missouri
b. CITY (If outside corporate limits, write RURAL and give town/ship) Rural- Post Oak T.S.		c. CITY OR TOWN Rural, Leeton,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) Rural R. #1, Leeton, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence, Rural R. #1, Leeton			

3. NAME OF DECEASED (Type or Print)	a. (First) IDA	b. (Middle) MAY	c. (Last) MOHLER	4. DATE OF DEATH (Month) (Day) (Year) April 21st, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7th. 1869	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Knobnoster, Johnson Co. Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Issac Wampler	13b. MOTHER'S MAIDEN NAME Elizabeth McCarty	14. NAME OF HUSBAND OR WIFE Rev. James M. Mohler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If you, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME J.M. Mohler, Leeton, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 334 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4-1-1954, to 4-21-1954, that I last saw the deceased alive on 4-21-1954, and that death occurred at 5:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Lee Cooper M.D.	23b. ADDRESS Warrensburg, Missouri.	23c. DATE SIGNED 4-22-1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 25, 1954	24c. NAME OF CEMETERY OR CREMATORY Mineral Creek Cemetery,	24d. LOCATION (City, town, or county) (State) Leeton, Missouri
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DATE REC'D BY LOCAL REG. 4-23-1954	REGISTRAR'S SIGNATURE Manie O'Neaker	25. FUNERAL DIRECTOR'S SIGNATURE R.A. Brauning,	ADDRESS Warrensburg, Missouri.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
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