

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

16841

State File No.

FILED JUN 12 1956

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5578</u>		Registrar's No. <u>82</u>			
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, write RURAL and give OR TOWN <u>RURAL JOPLIN TOWNSHIP</u>)		c. LENGTH OF STAY (in this place) <u>75 YRS</u>		c. CITY OR TOWN <u>RURAL</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR ROUTE 2, CARTHAGE, MO.				e. STREET ADDRESS (If rural, give location) <u>RURAL 2, CARTHAGE, MISSOURI.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>EDWIN</u>		c. (Last) <u>OHLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1, 1956.</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 1, 1874</u>			
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SO. WEST RAILWAY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JAMES OHLER</u>			13b. MOTHER'S MAIDEN NAME <u>LIZA HAMM</u>			14. NAME OF HUSBAND OR WIFE <u>JETTIE OHLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>JETTIE OHLER</u>		ADDRESS <u>SAME.</u>			
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u>								<u>24 hrs.</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Myocardial weakness</u>								<u>13 yrs.</u>	
DUE TO (c) <u>Cardiac valvular disease</u>								<u>13 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Congestive heart failure								<u>13 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>						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) (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 <u>8/11</u> , 19 <u>43</u> , to <u>6/1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/1</u> , 19 <u>56</u> , and that death occurred at <u>9:30 A.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W Russell Smith</u>				23b. ADDRESS <u>Carthage, Missouri</u>				23c. DATE SIGNED <u>6/4/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 3, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FASKEN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARTHAGE, MO.</u>			
DATE REC'D BY LOCAL REG. <u>6-9-56</u>		REGISTRAR'S SIGNATURE <u>John Lewis (Fly Reg)</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE LEWIS FUNERAL HOME</u>		ADDRESS <u>WEBB CITY, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MO. 300
MO. 48

+740

Case Filed
JUN 11 1956

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.....

Licensed Embalmer No. 459

P. O. Address Webb

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.