

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20997

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2032 Registrar's No. 70

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Warrensburg,</u> | c. LENGTH OF STAY (in this place) <u>20 yrs.</u> | c. CITY OR TOWN <u>Warrensburg,</u> | d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sailing Nursing Home,</u> | | e. STREET ADDRESS (If rural, give location) <u>800 S. Maguire St.</u> | |

| | | | | |
|-------------------------------------|-----------------------------|-----------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ELIZABETH</u> | b. (Middle) <u>JOAHANNA</u> | c. (Last) <u>MOHLER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 7th. 1956</u> |
|-------------------------------------|-----------------------------|-----------------------------|-------------------------|---|

| | | | | | | |
|---|-------------------------------|---|--|--|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>October 12, 1866</u> | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | |
|--|--|---|
| 13a. FATHER'S NAME <u>Lewis H. Dudley,</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Whetley</u> | 14. NAME OF HUSBAND OR WIFE <u>Martin Mohler,</u> |
|--|--|---|

| | | | | |
|---|--|-------------------------------------|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Bessie Dudley, Warrensburg, Mo.</u> | ADDRESS _____ |
|---|--|-------------------------------------|---|---------------|

| | | | |
|---|--|---|--|
| 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 <u>5 months</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | 2 yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension C.V. Disease</u> | | |
| 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"/> |
|------------------------------|--|--|

| | | |
|--|--|--|
| 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) <u>Warrensburg, Missouri</u> |
|--|--|--|

| | | |
|---|--|----------------------------------|
| 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 Jan 9, 1956, to 6-7-, 1956, that I last saw the deceased alive on June 7, 1956, and that death occurred at 12:05 P.m., from the causes and on the date stated above.

| | | |
|--|---|----------------------------------|
| 23a. SIGNATURE _____ (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Warrensburg, Missouri</u> | 23c. DATE SIGNED <u>6-8-1956</u> |
|--|---|----------------------------------|

| | | | |
|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-9-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery,</u> | 24d. LOCATION (City, town, or county) (State) <u>Leeton, Missouri.</u> |
|---|---------------------------|---|--|

| | | | |
|---|--|--|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>6/16/56</u> | REGISTRAR'S SIGNATURE <u>Savannah C. Culchield</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauning,</u> | ADDRESS <u>Warrensburg, Mo.</u> |
|---|--|--|---------------------------------|

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

1470

