

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

State File No. **1418**

309

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 309

BIRTH NO. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>45 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>920 Norton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Madison</u>	b. (Middle) <u>Milbert</u>	c. (Last) <u>Ohler</u>	<u>Jan. 19, 1957</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>Aug. 28, 1880</u>		9. AGE (In years last birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nat'l Biscuit Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adrian, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>John Ohler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sillins</u>		14. NAME OF HUSBAND OR WIFE <u>Flake Ohler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-09-5101</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flake Ohler</u>	
				ADDRESS <u>920 Norton K. C. Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary artery emulsion</u>		<u>1 mo.</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		<u>4 yrs</u>	
DUE TO (b) <u>Pulmonary emphysema</u>		DUE TO (c)		<u>5291</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Conditions contributing to the death but not related to the disease or condition causing death.		<u>24 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 11-18-57, 1957, to Jan 19 1957, that I last saw the deceased alive on Jan 19, 1957, and that death occurred at 9:05 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Martin J. Mueller M.D.</u>		23b. ADDRESS <u>K C Mo 535 Angles Bldg</u>		23c. DATE SIGNED <u>1-21-57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 22, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>1-21-57</u>		REGISTRAR'S SIGNATURE <u>Deva Missal</u>		25 FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son Inc.</u>	
				ADDRESS <u>K. C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FILED FEB 4 1957

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Martin J. Mueller

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..... *W.C. Quinn*

Licensed Embalmer No. *487*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.