

Health, Welfare, Public Service

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All diseases in Part I must be causally related.

M. B. Casebolt. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG-1-1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24416  
STATE FILE NUMBER  
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3282

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b> <i>8/15/57</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Colonial Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>1215 North 18th St.</b>	
3. NAME OF DECEASED (Type or print) First <b>ELIZABETH</b> Middle <b>LOUISE</b> Last <b>BOHL</b>		4. DATE OF DEATH Month <b>7</b> Day <b>12</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 5, 1867</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Leavenworth, Kansas</b>
13a. FATHER'S NAME <b>Bernard Sarstedt</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Arnold</b>	14. NAME OF HUSBAND OR WIFE <b>Charles August Bohl</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>DR. C.A. Bohl 1048 Haskell Ave. K.C.K.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mycocarditis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Tenacity 4221</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr - 5 mos</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>5-8-57</b> , to <b>5-23-57</b> and last saw her alive on <b>5-23-57</b> Death occurred at <b>8:30 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Mrs Carlbert King</b>		22b. ADDRESS <b>4000 Baltimore K.C.MO</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	
23b. DATE <b>July 16, 1957</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Werner Mortuary K.C., Kansas</b>		25. DATE RECD. BY LOCAL REG. <b>7-15-57</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Minshall</b>			

(Licensed Embalmer's Statement on Reverse Side)

DR M.B. Casbolt

4000 Baltimore

VAI-5115

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 *Ronald F. Werner*

Licensed Embalmer No. 5007

P. O. Address Lawrence City, Kansas

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.