

Phys. Health,
c. & Welfare
S. Public
alth Service

FILED DEC 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40715
STATE FILE NUMBER
3026
Registrars No. 573

Registration District No. 146 Primary Registration District No. 3026 Registrars No. 573

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Kansas City 22	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit. & Hosp.		d. STREET ADDRESS (If outside, give location) 111 No. Sterling	
Length of stay in lb 1 day		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CHESTER Middle Last OHLER			4. DATE OF DEATH Month Nov. Day 21 Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 8, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist	10b. KIND OF BUSINESS OR INDUSTRY Std. Oil Co.	11. BIRTHPLACE (City and state or country) Melo, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Cyrus Ohler	13b. MOTHER'S MAIDEN NAME Carrie Dunham	14. NAME OF HUSBAND OR WIFE Essie May Ohler
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) no	16. SOCIAL SECURITY NO. 486-03-4032	17. INFORMANT Mrs. Essie May Ohler, 111 N. Sterling, K.C. 22, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 332x
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kansas City - Mo	COUNTY _____	STATE _____
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20d. INJURY OCCURRED WHILE AT WORK <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 Kansas City - Mo	COUNTY _____	STATE _____
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Filed W. Sink</i>	(Degree or title)	22b. ADDRESS Kansas City - Mo	22c. DATE SIGNED 11-22-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 25, 1957	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	23d. LOCATION (City, town, or county) (State) Independence, Missouri
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24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-25-57	26. REGISTRAR'S SIGNATURE <i>James K. King</i>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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DEC 4 1967

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 *C. Ray Londerback*

Licensed Embalmer No. *5027*

P. O. Address *Indep., 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.