

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028341

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4155 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 9 1963

1. PLACE OF DEATH  
a. COUNTY JACKSON  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 69 YEARS  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Veterans Adm. Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON  
c. CITY OR TOWN KANSAS CITY Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 7400 MERCIER STREET Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last CARL WILLIAM GOHL  
4. DATE OF DEATH Month Day Year JULY 21 1963

5. SEX MALE 6. COLOR OR RACE CAUCASIAN 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-15-1894 9. AGE (last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabled AMERICAN VETERAN 10b. KIND OF BUSINESS OR INDUSTRY VETERAN 11. BIRTHPLACE (City and state or country) KANSAS CITY, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME GOTTLIER GOHL 13b. MOTHER'S MAIDEN NAME EMMA RAUSCH 14. NAME OF HUSBAND OR WIFE MARGARET D. GOHL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. MARGARET D. GOHL Address 7400 MERCIER STREET K.C., MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cardiac Arrhythmia  
DUE TO (b) Coronary Arteriosclerosis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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 WORK  NOT WHILE AT WORK  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED  
Supha Owens-Corner 152 mmun Station 7-2363

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE July 24, 1963 23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAN CEMETERY 23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 133 BRUSH CREEK K.C., Mo. 25. DATE RECD. BY LOCAL REG. 7-24-63 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF H. O. OWENS

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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LANSING

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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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K 6 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.