

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4212 Registrar's No. 0049124 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

NEW FILED 1364

VS 300
Rev. 4/59

DATE AMENDED

1 0420
2 0420
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4 0
5 1
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7 0
8 2
9 180x
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12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Blainstown</u>		Length of stay in 1b <u>13 yrs.</u>	c. CITY OR TOWN <u>Blainstown</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Blainstown</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Omer</u> Last <u>Mohler</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>8</u> Year <u>1964</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/27/1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (last birthday) <u>73</u>
11. BIRTHPLACE (City and state or country) <u>Hartwell, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin R. Mohler</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Jane Rader</u>	14. NAME OF HUSBAND OR WIFE <u>Osie Mohler</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-05-9931</u>	17. INFORMANT <u>Mrs. Osie Mohler, Blainstown, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma both lungs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertrophoma, left</u>			<u>8 months</u>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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 <u>Blainstown</u>	COUNTY <u>Henry</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>2/19/63</u> to <u>11/15/64</u> and last saw ^{her} him alive on <u>11/14/64</u> Death occurred at <u>2:45P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>S. B. Hughes, M.D.</u>		22b. ADDRESS <u>Clinton, Missouri</u>	22c. DATE SIGNED <u>11/19/64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/10/64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blainstown</u>	23d. LOCATION (City, town, or county) (State) <u>Blainstown, Missouri</u>
24. FUNERAL DIRECTOR <u>Cook Funeral Home, Chilhowee, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 9, 1964</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Biggem</u>

USE BLACK INK OR TYPEWRITER RIBBON

ASSEMBLY
COMMISSION

DEC 11 1964

DEC 8 1964

Permit obtained

11-9-64

WMB

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 *J. Cook*

Licensed Embalmer No. 4335

P. O. Address Chilhowee, MD

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.