

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 518

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Shawnee Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Shawnee Twp.</u>	
c. LENGTH OF STAY (in this place) <u>62</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Shawnee Twp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) _____ c. (Last) <u>Koerber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 22, 1949</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>March 15, 1891</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u> Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Austria</u>	
12. CITIZEN OF WHAT COUNTRY? <u>United States</u>					

13a. FATHER'S NAME <u>Herman Koerber</u>		13b. MOTHER'S MAIDEN NAME <u>Theresia Masstrugger</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Leimer - Jackson, Mo. R.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Edmer Koerber</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral thrombosis with bulbar involvement.</u>		19. MEDICAL CERTIFICATION I: DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dysphagia + aphonia - Inability to swallow leading to profound cachexia</u>		20. INTERVAL BETWEEN ONSET AND DEATH <u>Aug. 1948</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Aug 9, 1948 to Jan 22, 1949, that I last saw the deceased alive on Jan 22, 1949 and that death occurred at 9 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>U. H. TROLINGER, M. D. JACKSON, MISSOURI</u>		23c. DATE SIGNED <u>Jan 25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>January 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Lutheran</u>	
24d. LOCATION (City, town, or county) (State) <u>Pocahontas Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson - Statler Seabaugh, Jackson, Mo.</u>		24f. ADDRESS	
DATE REC'D BY LOCAL REG. <u>Jan 24-49</u>		REGISTRAR'S SIGNATURE <u>D. G. [Signature]</u>		43	

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

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Health Officer No. 4
File Number 249-16
Date Filed 2-1-49

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.

Signed R. O. Laird

Signed _____
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, 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 this body is not embalmed, fact should be so stated above.