

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7704

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KEYTESVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KEYTESVILLE - Mo.</u>	
c. LENGTH OF STAY (In this place) <u>12 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>420 CLEVELAND - AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 CLEVELAND - AVE.</u>		d. STREET ADDRESS (If rural, give location) <u>420 - CLEVELAND - AVE.</u>	
3. NAME OF DECEASED a. (First) <u>MATTIE</u>		b. (Middle) _____ c. (Last) <u>KOCH</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH - 21 - 1949</u>		4. DATE OF BIRTH (Month) (Day) (Year) <u>DEC. 5TH 1890</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. AGE (In years last birthday) Months Day Hours Min. <u>58</u> 3 16	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE - WIFE</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE - WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>VEJLE - DENMARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHRISTEN - KNUDSEN</u>		13b. MOTHER'S MAIDEN NAME <u>NOT - KNOWN.</u>	
14. NAME OF HUSBAND OR WIFE <u>DR. C. D. KOCH.</u>		14. NAME OF HUSBAND OR WIFE <u>DR. C. D. KOCH.</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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs P. D. A. DUNCAN - KEYTESVILLE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs P. D. A. DUNCAN - KEYTESVILLE</u>	
18. ADDRESS <u>KEYTESVILLE</u>		18. ADDRESS <u>KEYTESVILLE</u>	
18. NO OF DEATH Enter only one cause per line for (a), (b), and (c) <u>NO</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal carcinoma, general growth not known.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1995</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 weeks</u>	
19a. DATE OF OPERATION <u>2/21/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Large growth in region of gall bladder but not gall bladder metastases all over abdominal cavity.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <u>K</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 1948</u> , to <u>March 21, 1949</u> , that I last saw the deceased alive on <u>March 20, 1949</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carl C. Neger</u>		23b. ADDRESS (Degree or title) <u>0 M.D. Keytesville Mo</u>	
23c. DATE SIGNED <u>3/22/49</u>		23c. DATE SIGNED <u>3/22/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH - 24/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MARIAM - CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MARVILLE - Mo.</u>	
24e. DATE REC'D BY LOCAL REG. <u>3/24/49</u>		24e. DATE REC'D BY LOCAL REG. <u>3/24/49</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
25. ADDRESS <u>55</u>		25. ADDRESS <u>Keytesville Mo.</u>	

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

200

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-31-49.....

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 H. D. Garnett.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3046.....

P. O. Address Key Tawell 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.