

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13337

State File No. ....

BIRTH NO. 49-026409 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 131

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia, Mo.</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital &amp; Clinic</u>			d. STREET ADDRESS (If rural, give location) <u>R.T.D. #2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Eugene</u>	c. (Last) <u>Kochs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 18-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>April 12-1949</u>	9. AGE (In years last birthday) <u>-</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Chester Rudolph Kochs</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Maxine Garrett</u>		14. NAME OF HUSBAND OR WIFE <u>None-Infant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chester R. Kochs-Slater, Mo. #2</u> ADDRESS <u>Mo. #2</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory (Electrocardiogram) (Pulmonary)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Immature Birth -</u> DUE TO (c) <u>Multiple Birthed triplets</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7767</u>				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)	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 <u>4-12</u> , 19 <u>49</u> , to <u>4-15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-15</u> , 19 <u>49</u> , and that death occurred at <u>9:45A.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>C. Enoch</u>		(Degree or title)	23b. ADDRESS <u>Woodland Hospital Sedalia</u>		23c. DATE SIGNED <u>4-15-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Funeral Coach</u>	24b. DATE <u>April 16/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Slater, Mo. Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-16-49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Swinney - Marshall, Mo.</u>	ADDRESS	

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-26-49

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 W. A. O.

not embalmed

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. Leslie Sweeney

Licensed Embalmer No. 3235

P. O. Address Marshall, N.C.

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.