

FILED MAY 19 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 15976  
1881

BIRTH NO. 14945-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>1 Month</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthonys Home</b>		d. STREET ADDRESS (If rural, give location) <b>1316 E. 82 St. Terrace</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Julia</b>	b. (Middle) <b>Wills</b>	c. (Last) <b>Koester</b>	<b>4-26-49</b>		

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Mar. 25, 1949</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
				Months	Days	Hours	Min.
				<b>1</b>	<b>1</b>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>K.C., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Charles W. Koester</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Sniles</b>	14. NAME OF HUSBAND OR WIFE <b>XXX</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Charles W. Koester 1316 E. 82 St. Terr</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Mar 25, 1949, to April 26, 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 11 AM m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank S. Hogue, M.D.</b>	(Degree or title)	23b. ADDRESS <b>315 Abmeda Rd.</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-28-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Int. Morial</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-29-49</b>	REGISTRAR'S SIGNATURE <b>Thereldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>	ADDRESS <b>Kansas City, Mo.</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Take to  
Dr. Rogue, Playmed.  
2 til 5 today

**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 .....  
Student Embalmer

Signed E. M. Plank.....

Licensed Embalmer No. 1848.....

P. O. Address W. C. M......

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.