

FILED AUG 21 1949

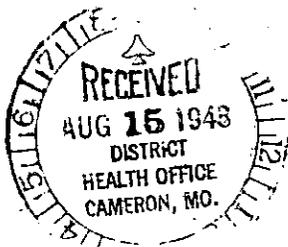
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27551

140

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

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4372		Registrar's No. 189	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway 716			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burlington Jct.		c. LENGTH OF STAY (in this place) 2 WKS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pickering 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Brodrick Nursing Home				d. STREET ADDRESS (If rural, give location) none 0			
3. NAME OF DECEASED (Type or Print) a. (First) MARION		b. (Middle) WESLEY		c. (Last) KOGER		4. DATE OF DEATH (Month) (Day) (Year) 8 4 49	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2		8. DATE OF BIRTH 12/30/73	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - retired				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME James Koger		13b. MOTHER'S MAIDEN NAME Mary Parmley	
14. NAME OF HUSBAND OR WIFE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
17. INFORMANT'S SIGNATURE OR NAME Elma Koger, Clearmont, Missouri				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostate hypertrophy DUE TO (c) Chronic Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral sclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 hrs 3 5924 1	
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 June 21, 1949, to August 4, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 1:30 ^{PM} m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. D.				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 8-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/5/49		24c. NAME OF CEMETERY OR CREMATORY Workman Chapel		24d. LOCATION (City, town, or county) (State) Wilcox, Missouri	
DATE REC'D BY LOCAL REG 8-13-49		REGISTRAR'S SIGNATURE Bess Hult 229		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home		ADDRESS Maryville, Mo.	



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 _____

ROBERT L SOUTER

Student Embalmer No. 309

working under my personal supervision.

Student Robert L. Souter
Student Embalmer

Signed: John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.