

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38147

State File No.

No. 300
10.48

FILED DEC 13 1949

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>5883</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Osage</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frankenstein</u>		c. LENGTH OF STAY (in this place) <u>80 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frankenstein</u>		<u>Linn Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>Frankensteine</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> , b. (Middle) <u>Koenigsfeld</u> , c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25th, 49</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>April 27th, 1869</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 24 HRS. Days <u>11</u> Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Frankenstein</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Alex Koenigsfeld</u>			13b. MOTHER'S MAIDEN NAME <u>Mary C. Lock</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Bushoff</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 ADDRESS <u>Adolph Koenigsfeld. Linn, Mo. R D</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, 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.							
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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edell Horton</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Box 255, Linn, Mo.</u>		23c. DATE SIGNED <u>11/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/28/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frankenstein</u>		24d. LOCATION (City, town, or county) (State) <u>Frankenstein, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 29-1949</u>		REGISTRAR'S SIGNATURE <u>E. S. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edell Horton</u>		ADDRESS <u>Linn, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

~~District File Number~~
District Health Officer No. 9,
RECEIVED DEC 8 1919

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 *Vernon M. Morton*

Licensed Embalmer No. *4125*

P. O. Address *Linn*

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.