

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40442

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

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>432</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (In this place) <u>14 days</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dutchtown</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>Jacob</u> c. (Last) <u>Koch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-49</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>July 5 1893</u>		
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Newark Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Jacob Koch</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie</u>		14. NAME OF HUSBAND OR WIFE <u>Helwage Stella 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>488-24-1257</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Stella Koch</u> ADDRESS <u>Dutchtown Mo</u>				
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) <u>Injury of Spinal Cord</u>		ANTECEDENT CAUSES <u>Fracture of 5th &amp; 6th cervical vertebrae</u>					<u>16 days</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.		DUE TO (b) _____					<u>16 days</u>	
		DUE TO (c) _____					<u>ES234</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>32</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Auto-accident Highway 61-Cape Girardeau Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 21 1949 3:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto-accident - ROR</u>		<u>115</u>		
22. I hereby certify that I attended the deceased from <u>21 Nov, 1949</u> to <u>7 Dec, 1949</u> , that I last saw the deceased alive on <u>7 Dec, 1949</u> , and that death occurred at <u>10:15 am</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Hugh Ashley MD</u> (Degree or title)				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>10 Dec 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-20-49</u>		REGISTRAR'S SIGNATURE <u>C. C. Sumner</u>		44 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff</u>		ADDRESS <u>Funeroh Home Chaffee Mo.</u>		

DATED 12-27-49

Health Officer No. 4

License Number 1249-170

Date Filled

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 Mamie B. Spinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.