

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19682

State File No.

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 3238 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural JEFFERSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0290</u>	
c. LENGTH OF STAY (in this place) <u>All life</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Felix</u> b. (Middle) <u>Victor</u> c. (Last) <u>Koehler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 19 50</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>1/10/1892</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR: Months <u>5</u> Days <u>9</u> Hours <u></u> Min. <u></u>	
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		11. BIRTHPLACE (State or foreign country) <u>Cedar County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Gustave</u>		
13b. MOTHER'S MAIDEN NAME <u>Sarah Popplewell</u>			14. NAME OF HUSBAND OR WIFE <u>Effie Almeda</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald Koehler Rte Humansville</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>Heart Block</u>		ANTECEDENT CAUSES			DUE TO (b) <u>High Blood Pressure</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>Arterion Sclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			443X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>l</u>		

22. I hereby certify that I attended the deceased from Jan. 2, 1950, to June 19, 1950, that I last saw the deceased alive on June 17, 1950, and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. J. Dismaway MD</u> (Degree or title)		23b. ADDRESS <u>El Dorado Spgs MO</u>		23c. DATE SIGNED <u>6-19-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County MO</u>	
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DATE REC'D BY LOCAL REG. <u>6-23-1950</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Primm Funeral Home</u>		ADDRESS <u>Humansville</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-28
DISTRICT HEALTH OFFICE No. 3
District File Number _____
6-28-50

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 P. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville

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.