

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23096

FILED JUL 27 1950

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 2016 Registrar's No. 178

| | | | | | |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Cole | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City | | c. LENGTH OF STAY (in this place) Life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 1264 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 902 Dockery | | d. STREET ADDRESS (If rural, give location) 902 Dockery | | | |

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|---|-------------|-----------|-------------------------------|-----|------|
| 3. NAME OF DECEASED (Type or Print) Robert William Koecher | | | 4. DATE OF DEATH July 23 1950 | | |
| a. (First) | b. (Middle) | c. (Last) | Month | Day | Year |

| | | | | | | | | |
|-------------|------------------------|--|------------------------------|--|------------------------------------|--------------------------|--------------------------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan 11 1912 | | 9. AGE (In years last birthday) 38 | IF UNDER 1 YEAR Months 6 | IF UNDER 2 HRS. Hours 12 | Min. |
|-------------|------------------------|--|------------------------------|--|------------------------------------|--------------------------|--------------------------|------|

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|---|--|---|--|---|--|----------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Picture Projector | | 10b. KIND OF BUSINESS OR INDUSTRY Capital Theater | | 11. BIRTHPLACE (State or foreign country) Jefferson City, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
|---|--|---|--|---|--|----------------------------------|--|

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|---------------------------------|--|---------------------------------------|--|--|--|--|--|
| 13a. FATHER'S NAME Adam Koecher | | 13b. MOTHER'S MAIDEN NAME Mary Meyers | | 14. NAME OF HUSBAND OR WIFE Myrtle Koecher | | | |
|---------------------------------|--|---------------------------------------|--|--|--|--|--|

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|---|--|--|--|--|--|--|--|----------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. WW#2 490-09-8401 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Myrtle Koecher | | | | ADDRESS Mo. Jefferson City | |
|---|--|--|--|--|--|--|--|----------------------------|--|

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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from ulcer of stomach | ANTECEDENT CAUSES | | | | | | 7 hrs. |
| | 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. | | | | | | 5400 |

| | | | | | | | |
|------------------------|--|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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) | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 May 10th 1947, to July 23, 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

| | | | | | |
|--|--|----------------------------------|--|--------------------------|--|
| 23a. SIGNATURE Edward R. Bohner (Degree or title) M.D. | | 23b. ADDRESS Jefferson City, Mo. | | 23c. DATE SIGNED 7-24-50 | |
|--|--|----------------------------------|--|--------------------------|--|

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|--|------------------------|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 26-1950 | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 24d. LOCATION (City, town, or county) (State) Jefferson City, Mo. | |
|--|------------------------|--|--|---|--|

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|---------------------------------------|---------------------------------------|--|----|--|--|--|-----------------------------|--|
| DATE REC'D BY LOCAL REG. July 24-1950 | REGISTRAR'S SIGNATURE R.P. Davis M.D. | | 68 | | 25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher | | ADDRESS Jefferson City, Mo. | |
|---------------------------------------|---------------------------------------|--|----|--|--|--|-----------------------------|--|

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

RECEIVED 7-26
DISTRICT HEALTH OFFICE No. 8
District File Number _____
Date Filed 7-26-50

RECEIVED
DISTRICT HEALTH OFFICE
JUL 18 1950

JUL 26 1950

AUG 10 1950

JUL 28 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Bill C. Branson

Signed _____
Student Embalmer

Licensed Embalmer No. 4764

P. O. Address _____

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.