

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29842**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **96**

272

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville	
c. LENGTH OF STAY (In this place) 10 Yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.		d. STREET ADDRESS (If rural, give location) 120 E. High St. (Rear)	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Koenig c. (Last) Records			4. DATE OF DEATH (Month) (Day) (Year) October 2 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH June 26th 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General labor		11. BIRTHPLACE (State or foreign country) Unknown	
12. CITIZEN OF WHAT COUNTRY? ???					

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE ????
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-1601716	17. INFORMANT'S SIGNATURE OR NAME Records in room. ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CEREBRAL HEMORRHAGE		
	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.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10:00 AM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **SEPT 28, 1950** to **OCT 2, 1950**, that I last saw the deceased alive on **OCT 1, 1950**, and that death occurred at **6:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J.C. Tincher (Degree or title) M.D.	23b. ADDRESS Boonville Mo	23c. DATE SIGNED Oct 4 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 4th 1950	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Boonville Missouri.
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DATE REC'D BY LOCAL REG. 10-4-50	REGISTRAR'S SIGNATURE D. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller. ADDRESS Boonville, Missouri.
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OCT 17 1950

RECEIVED

10-9-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 10-9-50

OCT 25 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

James W. Stegner

Signed.....
Student Embalmer

Licensed Embalmer No.

37810

P. O. Address

Bonville, W

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.