

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5947

State File No. 5613

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5-9-45 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. James		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Holden	
c. LENGTH OF STAY (In this place) 4 mo		d. STREET ADDRESS South Olive Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home			

3. NAME OF DECEASED (Type or Print) Martha	a. (First)	b. (Middle) Maybelle	c. (Last) Koch	4. DATE OF DEATH (Month) Feb (Day) 27 (Year) 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 14, 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 4	IF UNDER 12 HRS. Days 13
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Gallatan, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Rogers	13b. MOTHER'S MAIDEN NAME Matilda Ball	14. NAME OF HUSBAND OR WIFE John Douglas Koch
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. XXXX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Williams	ADDRESS Holden, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Mitral regurgitation (chronic)</i>		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i>		4 years
	DUE TO (c) <i>Anemia</i>		444X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 years	

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)	21e. INJURY OCCURRED WHILE AT WORK <input 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 January 11, 1951, to Feb 27, 1951, that I last saw the deceased alive on Feb 25, 1951, and that death occurred at 2:53 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>C. Hammler, M.A.</i>	(Degree or title)	23b. ADDRESS St. James Mo.	23c. DATE SIGNED 3-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	24d. LOCATION (City, town, or county) Holden, Missouri (State)
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DATE REC'D BY LOCAL REG. 3-5-51	REGISTRAR'S SIGNATURE <i>Carla E. Birmingham</i>	25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Ropp, Holden, Missouri.	ADDRESS
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0810 4

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed March 7, 1951

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 _____

JAKE NELSON

Student Embalmer No. 1386

working under my personal supervision.

Student Jake Nelson
Student Embalmer

Signed O. E. Licklider

Licensed Embalmer No. 3546

P. O. Address 27 James Rd

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.