

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15871

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 46

0160  
1

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shamsee Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0160</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Jackson Mo R F D I</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Mo R # I</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Julius</u>	b. (Middle) <u>Koenig</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1951</u>
--	--------------------------	---------------------------	-----------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct 15 1857</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------	---------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Frohna Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Andrew Koenig</u>	13b. MOTHER'S MAIDEN NAME <u>Christena Heartling</u>	14. NAME OF HUSBAND OR WIFE <u>Elisabeth Loos</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Joe Bapp</u>	ADDRESS <u>Jackson Mo</u>
--	-------------------------------------	---	---------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Prob. None</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo Carditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acites 2 mo</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4222</u>
--	--	--

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 16, 1951, to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. Schaefer M.D.</u>	23b. ADDRESS <u>Jackson Mo</u>	23c. DATE SIGNED <u>May 18-51</u>
---	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 19 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pocahontas Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Pocahontas Mo.</u>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May 19-51</u>	REGISTRAR'S SIGNATURE <u>D. G. Schuman</u> #3	FUNERAL DIRECTOR'S SIGNATURE <u>McCombs</u>	ADDRESS <u>4th to Jackson Mo</u>
---	---	---	----------------------------------

RECEIVED

MAY 23 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

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.....  
Student Embalmer

Signed..... *BA Meyer*

..... Licensed Embalmer No. *3051*

..... P. O. Address *Jackson 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.