

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20785**

FILED JUN 16 1951

0660  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>5778</u>		Registrar's No. <u>10-51</u>	
1. PLACE OF DEATH a. COUNTY <u>Meller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hensley</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hensley</u> <u>0660</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miss Henry Lushbaugh</u>				d. STREET ADDRESS (If rural give location) <u>Miss Henry Lushbaugh</u>			
3. NAME OF DECEASED a. (First) <u>MAGGIE</u> (Type or Print)			b. (Middle) <u>KOETTING</u>			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10, 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>July 11, 1881</u>		9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Westphalia, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Talken</u>		13b. MOTHER'S MARDEN NAME <u>Marie Felton</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Koetting</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>Otto Koetting</u> ADDRESS <u>Hensley 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Rheumatic Myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4.15 X</u>				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?			
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>43</u> , to <u>June</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 9, 1951</u> , and that death occurred at <u>11:20 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. E. Humphreys</u> (Degree or title)				23b. ADDRESS <u>D. O. Suscumbia, Mo.</u>		23c. DATE SIGNED <u>6-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mary's Home</u>		24d. LOCATION (City, town, or county) (State) <u>Burgess, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 12, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucius H. Phillips</u>		ADDRESS <u>Carroll</u>	

RECEIVED

JUN 14 1951

MILLER COUNTY HEALTH  
DEPARTMENT

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 *Louis A. Phillips*.....

Licensed Embalmer No. *3663*.....

P. O. Address *Cedars*.....

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.