

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21762

BIRTH NO.		REG. DIST. NO. 324	PRIMARY REG. DIST. NO. 6085	Registrar's No. 116
1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give township) Rural = Clay		c. LENGTH OF STAY (in this place) 25		
c. CITY (If outside corporate limits, write RURAL and give township) Slater		d. STREET ADDRESS RFD # 2		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles South Slater Mo.		d. STREET ADDRESS RFD # 2		
3. NAME OF DECEASED (Type or Print) a. (First) Rudolph		b. (Middle)		c. (Last) Kochs
4. DATE OF DEATH (Month) (Day) (Year) June-7-1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug-28-1875	9. AGE (in years, months, days, hours, min.) 75-7-9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Near Clark, Boone Co Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Kochs		13b. MOTHER'S MAIDEN NAME Matilda Krosenbuth		14. NAME OF HUSBAND OR WIFE Sophia Kochs
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs Sophia Kochs, Slater Mo
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) Fractor fell backward and ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Crushed chest, Accident 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.		
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) Accident on his farm		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clay Saline Mo.
21d. TIME OF INJURY June 7 1951 4:45		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Fractor fell backward on to road
22. I hereby certify that I attended the deceased from <u>inmate</u> to <u>June 7, 1951</u> , that I last saw the deceased alive on <u>June 7, 1951</u> , and that death occurred at <u>4:45</u> m., from the causes and on the date stated above.				
23a. SIGNATURE P. Lawrence Coroner Saline Co		23b. ADDRESS Marshal, Mo.		23c. DATE SIGNED June 8-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-10-51		24c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery
24d. LOCATION (City, town, or county) (State) Slater Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James H. Gray, Slater Mo		
DATE REC'D BY LOCAL REG. June 11-1951		REGISTRAR'S SIGNATURE Sidney F Gray 385		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-4870
1

RECEIVED 6-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-19-51

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 143

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.