

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22493**

Filed **Aug 11 1951**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **201**

0264

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Cole b. COUNTY Mo. 1264	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 84yrs		d. STREET ADDRESS (If rural, give location) 919 East Miller St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 119 East Miller Street			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) K. c. (Last) Koecher			4. DATE OF DEATH (Month) (Day) (Year) Aug- 4 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March-4-1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saloon Keeper	10b. KIND OF BUSINESS OR INDUSTRY Liquor	11. BIRTHPLACE (State or foreign country) Jefferson City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Koecher	13b. MOTHER'S MAIDEN NAME Julia (Koecher)	14. NAME OF HUSBAND OR WIFE Esther E. Koecher
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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. None	17. INFORMANT'S SIGNATURE OR NAME Esther E. Koecher, Jefferson City, Mo	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 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/200	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) (Min.)	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 **5-1, 1951**, to **8-4, 1951**, that I last saw the deceased alive on **8-4, 1951**, and that death occurred at **7 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Winters, M.D.	23b. ADDRESS 425 Madison St	23c. DATE SIGNED 8-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug-7-1951	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo
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DATE REC'D BY LOCAL REG. Aug 6-1951	REGISTRAR'S SIGNATURE R. P. Harris	25. FUNERAL DIRECTOR'S SIGNATURE John J. Winters	ADDRESS Jefferson City, Mo.
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RECEIVED 8-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-10-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

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.