

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36591

State File No.

FILED NOV 28 1951

REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 378

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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>Mo.</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau 8da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardonsville 0160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>H.</u> c. (Last) <u>Koch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14 1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 10-1882</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>69 9 4</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jacob Koch</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Hellesen</u>	14. NAME OF HUSBAND, OR WIFE <u>Koch, Dec</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frederick Deneke Whitewater</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy (at)</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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 <u>334X</u>	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) m.	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 11-12, 51, to 11-15, 51, that I last saw the deceased alive on 11-15-51, and that death occurred at 9:00 am., from the causes and on the date stated above.

22a. SIGNATURE (Name or title) <u>Oliver M. Ester M.D.</u>	23b. ADDRESS <u>Cape Gir. Mo 714 9d. Way</u>	23c. DATE SIGNED <u>11-19-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lions Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>2 Mi S. Gardonsville Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-19-51</u>	REGISTRAR'S SIGNATURE <u>(Signature)</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deneke-Haird</u>	ADDRESS
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RECEIVED

NOV 27 1951

DISTRICT HEALTH OFFICE No. 6

File 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 *R. O. Raind*

Signed.....
Student Embalmer

Licensed Embalmer No. *4538*

P. O. Address *Jackson Ms*

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.