

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42335

State File No. \_\_\_\_\_

FILED JAN 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CALIFORNIA</b>	c. LENGTH OF STAY (If this report) <b>48 HRS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BURRIS FORK TWN. (Rural)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LATHAM HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>0680</b>	

3. NAME OF DECEASED (Type or Print) <b>FRED KOCHER</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 29, 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 22, 1862</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Days <b>7</b>	IF UNDER 1 YEAR Hours <b>7</b>	IF UNDER 1 YEAR Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (State or foreign country) <b>SWITZERLAND</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>EMMA AESCHLIMANN</b>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ARTHUR WYSS, CALIFORNIA, MO.</b>	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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Smoker irritation of Lungs.</i>		<i>3 days.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute upper respiratory infection</i>		<i>3 weeks.</i>
DUE TO (c) <i>Chronic myocarditis and vascular disease.</i>		<i>5 years.</i>	
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"/>
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21a. ACCIDENT (Specify) <b>fall</b> SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Burriss Fork Twp Moniteau MO</b>
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21d. TIME OF INJURY: <b>Dec 26 1951 7P.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Patient alone. No fire. Made one in room of newspapers.</b>
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22. I hereby certify that I attended the deceased from **Dec 18, 1951**, to **Dec 29, 1951**, that I last saw the deceased alive on **Dec 28, 1951**, and that death occurred at **5:20P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edward A. Fisher M.D.</b>	(Degree or title)	23b. ADDRESS <b>California</b>	23c. DATE SIGNED <b>12/31/51.</b>
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24a. BURIAL, CREMATION, REMOVAL, (Specify) <b>BURIAL</b>	24b. DATE <b>12/31/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETRY</b>	24d. LOCATION (City, town, or county) (State) <b>CALIFORNIA, MONITEAU, MO.</b>
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DATE REC'D BY LOCAL REG. <b>12-31-51</b>	REGISTRAR'S SIGNATURE <b>H.R. Pope</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L.R. 292W</b>	ADDRESS <b>WILLIAMS FUNERAL HOME, CALIFORNIA, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**RECEIVED**

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

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**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 Hugh C. Williams

Signed.....  
Student Embalmer

Licensed Embalmer No. 3537

P. O. Address California M

**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.