

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43823**  
20222

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>	
c. LENGTH OF STAY (in this place) <b>70 yrs.</b>		1002	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nevada City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>815 S. Cedar St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rachel</b> b. (Middle) <b>Anna</b> c. (Last) <b>Koehler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-18-57</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>1</b>	
8. DATE OF BIRTH <b>May 6, 1874</b>		9. AGE (in years last birthday) <b>77</b>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	
11. BIRTHPLACE (State or foreign country) <b>Brown Co. Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Daniel Pouch</b>		13b. MOTHER'S MAIDEN NAME <b>Mathew Howland</b>		14. NAME OF HUSBAND OR WIFE <b>Herman E. Koehler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Phil Koehler, Nevada, MO</b>	

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 <b>4 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Circulatory Disease 5 yrs</b> DUE TO (c) <b>none</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Nevada Vernon MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>none</b>	

22. I hereby certify that I attended the deceased from about, 1946, to 12/18, 1957, that I last saw the deceased alive on 12/18, 1957, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>W. P. Love III</b> (Degree or title)		23b. ADDRESS <b>Nevada, MO</b>		23c. DATE SIGNED <b>12/28/57</b>	
--	--	--------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-21-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Nevada Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Nevada, MO</b>	
DATE REC'D BY LOCAL REGISTRAR <b>12-31-1957</b>		REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beckinger Funeral Home</b>		ADDRESS <b>Nevada, MO</b>	

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

387

APR 9 8 1954

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 Mark Eichinger

Signed.....  
Student Embalmer

Licensed Embalmer No. 2657

P. O. Address Yewards Mo

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.