

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44065

State File No. _____

FILED FEB 6 1952

BIRTH NO. 90982 REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> <u>0541</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u> <u>0541</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carol</u> b. (Middle) <u>Louise</u> c. (Last) <u>Koch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-51</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	
8. DATE OF BIRTH <u>12-25-51</u>		9. AGE (In years last birthday) <u>1</u>		# UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Higginsville</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Vergil Henry Koch</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Winter</u>		14. NAME OF HUSBAND OR WIFE	
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 ADDRESS <u>Vergil Henry Koch</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>			INTERVAL BETWEEN ONSET AND DEATH <u>75 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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>776X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		
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?		

22. I hereby certify that I attended the deceased from 12-25, 1951, to 12-25, 1951, that I last saw the deceased alive on 12-25, 1951, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. E. Bunniger M.D. D</u>		23b. ADDRESS <u>Higginsville, Mo</u>		23c. DATE SIGNED <u>1-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>	
				24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 28-1952</u>		REGISTRAR'S SIGNATURE <u>Clayton M Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R Byt Wiegert Higginsville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 ^{W.C.}_____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Roy F. Weger

Licensed Embalmer No. 2883

P. O. Address Higginsville, 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.