

FILED JAN 25 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

834

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 4182 Registrar's No. 1

0360  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN</u> <u>0360</u>	
c. LENGTH OF STAY (in this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>ELIZABETH</u> (Type or Print)		b. (Middle)		c. (Last) <u>KOELKEBECK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 14 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MARCH 19, 1875</u>	9. AGE (In years last birthday) <u>76</u>	if UNDER 1 YEAR Months <u>9</u>	if UNDER 12 HRS. Days <u>25</u>	if UNDER 12 HRS. Hours <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEW HAVEN MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		

13a. FATHER'S NAME <u>FREDERICK HOEMANN</u>		13b. MOTHER'S MAIDEN NAME <u>CHARLOTTE KOEHLER</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM F. KOELKEBECK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Koelkebeck</u>	
				ADDRESS <u>New Haven Mo</u>	

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>Coronary Artery Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years 8 months</u>
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 2/13/1942 to Jan 14, 1952, that I last saw the deceased alive on Jan 13, 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. P. Usenmann</u> M.A.	(Degree or title)	23b. ADDRESS <u>New Haven, Mo</u>	23c. DATE SIGNED <u>1/15/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-16-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW HAVEN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>NEW HAVEN MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 5 - the '52</u>	REGISTRAR'S SIGNATURE <u>Jeffie Bramm</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Dittig</u>	ADDRESS <u>New Haven Mo</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed

*Earl Fertig*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3385*

P. O. Address *Yonkers N.Y.*

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.