

**STANDARD CERTIFICATE OF DEATH**

**2093**

State File No. ....  
Registrar's No. 43

**FILED JAN 18 1952**

REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810

No. 300  
10.48

1. PLACE OF DEATH a. COUNTY <u>Montgomery, Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mckitttrick, Mo. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mckitttrick, Mo. Rural</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Loutre T.S.P.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Fred</u>	c. (Last) <u>Koenig</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11th 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 2nd 1873</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR: Months	11. UNDER 1 YEAR: Days	12. UNDER 1 YEAR: Hours	13. UNDER 1 YEAR: Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bland, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Henry Koenig</u>	13b. MOTHER'S MAIDEN NAME <u>Henrietta Ecker</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Koenig</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Smith, Mckitttrick, Mo.</u>	18. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>sublethim producing coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u>  <u>Several yrs</u> <u>Several yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial degeneration</u> DUE TO (c) <u>Chronic endocarditis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secularity - mild arteriosclerosis</u>		

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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4214</u>
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22. I hereby certify that I attended the deceased from Feb 6, 1949, to Jan 11, 1952, that I last saw the deceased alive on Nov 26, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Thompson</u> (Degree or title)	23b. ADDRESS <u>New Florence, Mo.</u>	23c. DATE SIGNED <u>1-12-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 13th 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big Spring, M.E.</u>	24d. LOCATION (City, town, or county) (State) <u>Big Spring, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 18 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs Eunice Bush</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter ...</u>	ADDRESS <u>Americus, MO.</u>
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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3375

P. O. Address. Americus, 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.