

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7814**
77 3016 Registrar's No. **69**

Kelly
FEB MAR 25 1952
BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Jefferson City, 0264	
c. LENGTH OF STAY (in this place) 41 days		d. STREET ADDRESS (If rural, give location) 1004 W. High St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hosp.			

3. NAME OF DECEASED a. (First) Katherine b. (Middle) Friedricke c. (Last) Koelling			4. DATE OF DEATH (Month) (Day) (Year) March 12, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 3, 1862	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Westfahlen Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Will. Niederhelman		13b. MOTHER'S MAIDEN NAME Katherine Holscher		14. NAME OF HUSBAND OR WIFE Henry Koelling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Geo. W. Meyer Jefferson City	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Right Hip Subtrochanteric (Subtrochanteric)		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 wks.
	ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease several years		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Fractured Rt Hip Subtrochanteric 121 E 9030 20		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City Cole Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 31 52 P.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell at Home	

22. I hereby certify that I attended the deceased from **Jan 21, 1952**, to **March 12, 1952**, that I last saw the deceased alive on **March 11, 1952**, and that death occurred at **7:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Marshall W. Kelly M.D.	23b. ADDRESS Jefferson City	23c. DATE SIGNED 3/14/52
---	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/14/1952	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City Missouri
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. March 19-1952	REGISTRAR'S SIGNATURE R. P. Davis, M.D. - M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gideon N. Hawser Jefferson City, Mo
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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 _____

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, 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.