

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19832

State File No.

S. No. 300
v. 10.48

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4121 Registrar's No. 13

0220

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BILLINGS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BILLINGS</u>	
c. LENGTH OF STAY (in this place) <u>11 YRS</u>		0220 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME OF DAUGHTER MRS. CH. YOACHUM</u>		d. STREET ADDRESS (If rural, give location) <u>(NONE)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>	b. (Middle) <u>(NONE)</u>	c. (Last) <u>KOENIG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14 1952</u>
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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>AUG 13 - 1870</u>	9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>81</u>	11. DAYS <u>81</u>	12. HOURS <u>81</u>	13. MIN. <u>81</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>MITTERSCHAUSEN HESSEN, DARMSTADT - GERMANY 4</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>NICHOLAS BAUCH</u>	13b. MOTHER'S MAIDEN NAME <u>AGNES FLEISHMANN</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES KOENIG</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LYDIA YOACHUM</u>	ADDRESS <u>BILLINGS, MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days -</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>Cirrhosis of Liver</u>		
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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar 20, 1940, to June 14, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R.W. Marshall, D.O.</u> (Degree or title)	23b. ADDRESS <u>Billings, Mo.</u>	23c. DATE SIGNED <u>6/16/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 16-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETER'S EVANGELICAL</u>	24d. LOCATION (City, town, or county) (State) <u>BILLINGS, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>June 16, 1952</u>	REGISTRAR'S SIGNATURE <u>Alvine Greiner</u>	60	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>	ADDRESS <u>Clover, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed..... *John Alan Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, 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.