

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21541

State File No. _____

FILED JUL 7 1952

Registrar's No. 151

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dalton	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Emilie b. (Middle) LOUISE c. (Last) Kothe			4. DATE OF DEATH (Month) (Day) (Year) June 25, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 14, 1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? American

13a. FATHER'S NAME FRED MEIER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE William Kothe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		DUE TO (b) Carcinoma sigmoid			7 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			year?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1537				

19a. DATE OF OPERATION 24 June 52		19b. MAJOR FINDINGS OF OPERATION Ca sigmoid - Complete obstruct.			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)		
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 **23 June 52 to 25 June 52**, that I last saw the deceased alive on **25 June 52**, and that death occurred at **7:20 m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Moberly, Mo		23c. DATE SIGNED 26 June 52	
24a. BIRTH & CREMATION REMOVAL (Specify)		24b. DATE June 27, 1952		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	
24d. LOCATION (City, town, or county) (State) Forest Green, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Brunswick, Mo.	
DATE REC'D BY LOCAL REG. 6-27-52		REGISTRAR'S SIGNATURE [Signature]		26. FUNERAL DIRECTOR'S SIGNATURE [Signature]	

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

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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.....

myself

..... Student Embalmer No.

working under my personal supervision.

Signed..... *Walter E. Moyer*

Signed.....
Student Embalmer

Licensed Embalmer No. *4491*

P. O. Address *Brunswick, Ma*

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.