No. 300
10.48

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

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33988

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Piney
c. LENGTH OF STAY (in this place) 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Houston 1670
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Gilbert
c. (Last) Koch

4. DATE OF DEATH (Month) 9 (Day) 27 (Year) 52

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH Nov 26, 1869
9. AGE (In years last birthday) 82
IF UNDER 1 YEAR: Months 10 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Julius Koch
13b. MOTHER'S MAIDEN NAME Altha Prior
14. NAME OF HUSBAND OR WIFE Tilda Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME Chris Koch ADDRESS Bucyrus, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of Lung (Bronchogenic) c Internal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorrhage
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None except Arteriosclerosis Degenerative Decompensative Heart Disease Grade IV

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 162x

22. I hereby certify that I attended the deceased from Jan 10, 1949, to Aug 15, 1952, that I last saw the deceased alive on Aug 15, 1952, and that death occurred at 3.10 P m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Burns (Degree or title) M.D.
23b. ADDRESS Houston, Mo
23c. DATE SIGNED 10/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-29-52
24c. NAME OF CEMETERY OR CREMATORY Germa
24d. LOCATION (City, town, or county) Texas Co (State) Mo.

DATE REC'D BY LOCAL REG. 10-7-52
REGISTRAR'S SIGNATURE Myrtle Craig
25. FUNERAL DIRECTOR'S SIGNATURE Elliott Funeral Home ADDRESS Houston 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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.