

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35753

State File No. _____

FILED OCT 28 1952

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810 Registrar's No. 549

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| 1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montg.</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Loutre</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Loutre 6703</u> | |
| c. LENGTH OF STAY (In this place) <u>16 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Southern Montg. County</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southern Montg. County</u> | | e. STREET ADDRESS (If rural, give location) <u>Southern Montg. County</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>-</u> c. (Last) <u>KOENIG</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-1952</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>Feb. 20, 1866</u> | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------------|---|---|--|

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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>Keeping House</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Wm Pottbaum</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Tebott</u> | 14. NAME OF HUSBAND <u>Gerhard Koenig</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Clem Koenig - Rhineland, Mo.</u> | 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, assthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) <u>4200</u> _____ |
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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? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from Jan. 1952, to Oct. 22, 1952, that I last saw the deceased alive on Oct. 21, 1952, and that death occurred at 11:00 A. M., from the causes and on the date stated above.

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|---|---------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>John P. Ryan M.D.</u> | 23b. ADDRESS <u>Bermann Mo.</u> | 23c. DATE SIGNED <u>10-22-52</u> |
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|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-24-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u> | 24d. LOCATION (City, town, or county) (State) <u>Rhineland, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>10-24-52</u> | REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kottmeyer & Co.</u> | ADDRESS <u>Rhineland, Mo.</u> |
|--|---|---|-------------------------------|

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

700

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 *D B Baker*

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.