

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2487**

FILED JAN 20 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **13**

0804
JAN 26 1953

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

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		d. STREET ADDRESS (If rural, give location) 1015 W. Broadway		
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				4. DATE OF DEATH (Month) (Day) (Year) Jan 9 1953				
3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) William c. (Last) Koenig			4. DATE OF DEATH (Month) (Day) (Year) Jan 9 1953					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 22-1881		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 9 Days 17	IF UNDER 24 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Bland Mo		12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME John Henry Koenig			13b. MOTHER'S MAIDEN NAME Hennietta Ehlert		14. NAME OF HUSBAND OR WIFE Emma Koenig			
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 Mrs Fred Koenig		ADDRESS Sedalia		
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cushing injury to chest				DUE TO (b) _____				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Fractured cervical vertebrae				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ASO				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1 mile N. Sedalia - U.S.H. 65 Pettis Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 9-53 4:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident				
22. I hereby certify that I attended the deceased from as above , that I last saw the deceased alive on Jan 10 , and that death occurred at 4:55 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE Chas. Gordon Banfack MD				23b. ADDRESS Coverly Pettis Co		23c. DATE SIGNED 1-14-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-12-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia Mo			
DATE REC'D BY LOCAL REG. 1-12-53		REGISTRAR'S SIGNATURE R. J. Campbell MD		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros		ADDRESS Sedalia		

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

K.P.M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.