

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5. No. 300
V. 10.48

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 3

0710

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

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Stover, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stover, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Florence</u>	b. (Middle) <u>Ehtel</u>	c. (Last) <u>Koehring</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1953</u>
-------------------------------------	----------------------------	--------------------------	---------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 28, 1903</u>	9. AGE (In years last birthday) <u>49</u>	# UNDER 1 YEAR Months <u>11</u> Days <u>6</u>	# UNDER 1 HR. Hours _____ Min. _____
----------------------	-------------------------------	--	--	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Textile</u>	11. BIRTHPLACE (State or foreign country) <u>Grant County South Dakota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	---

13a. FATHER'S NAME <u>Albert Kasuske</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Fenner</u>	14. NAME OF HUSBAND OR WIFE <u>Lawrence Koehring</u>
---	--	---

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>499-24-9304</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Koehring, Stover, Mo.</u>	ADDRESS <u>Stover, Mo.</u>
---	---	--	-------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>medullary failure</u>			<u>5 minutes</u>
	DUE TO (c) <u>massive cerebral hemorrhage</u>			<u>7 minutes</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension 331X</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 May 12, 1951, to Feb 5, 1953, that I last saw the deceased alive on Feb 5, 1953, and that death occurred at 5:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas P. Wiscord D.O.</u>	23b. ADDRESS <u>Stover, Mo.</u>	23c. DATE SIGNED <u>Feb. 8, 1953</u>
---	------------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 9, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stover, Mo.</u>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Feb. 12, 1953</u>	REGISTRAR'S SIGNATURE <u>Paul R. Ripberger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Lewis</u>	ADDRESS <u>Stover, Mo.</u>
--	---	--	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1953

APR 21 1953

1951 783

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 J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.