

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10267**
Registrar's No. **2002**

FILED MAR 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2002</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived, or institution to which admitted, before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>7 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>727 JACKSON</u>			d. STREET ADDRESS (If rural, give location) <u>727 JACKSON</u>		
3. NAME OF DECEASED a. (First) <u>MARY</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>KOEHLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 16 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>MAY 20, 1873</u>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>79</u>	
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>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>BOONE COUNTY, ARKANSAS</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>OSCAR DEGRAFF</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET THORNTON</u>	
14. NAME OF HUSBAND OR WIFE <u>ALWIN KOEHLER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>ALWIN KOEHLER</u>		17. ADDRESS <u>727 JACKSON</u>		17. ADDRESS <u>JOPLIN</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.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>442 X F</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture ft. femur</u>			<u>1 1/2 months</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Open fracture ft. femur to include proximal</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>172 Joplin Jasper Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>In 25 1953 10:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>ft. fell over chair</u>	
22. I hereby certify that I attended the deceased from <u>In 25 1953</u> , to <u>March 16, 1953</u> , that I last saw the deceased alive on <u>March 15, 1953</u> , and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>G. A. Schulte, M. D.</u> (Degree or title)			23b. ADDRESS <u>421 Frisco Bldg, Joplin, Mo</u>		23c. DATE SIGNED <u>3/17/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL CEMETERY JOPLIN, MISSOURI</u>	
24d. LOCATION (City, town, or county) (State) _____		DATE REC'D BY LOCAL REG. <u>3-20-53</u>		REGISTRAR'S SIGNATURE <u>G. A. Schulte</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY</u>		ADDRESS <u>JOPLIN, MO.</u>			

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

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RECEIVED 3-23-53
Jasper County Health Office

County File Number 53/3/272
Date Filed 3/23-53

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed F. M. Jones.....

Licensed Embalmer No. 2319

P. O. Address Jasper Co 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.