No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 9 - 1953

State File No. 32281

BIRTH NO. " REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (In this place): 13 yr's.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1310 Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington, Missouri 0542
d. STREET ADDRESS (If rural, give location): 1310 Franklin 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAY
b. (Middle): ROY
c. (Last): KOERNER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 4, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-17-1886
9. AGE (In years last birthday): 67 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locker Plant mgr
10b. KIND OF BUSINESS OR INDUSTRY: Frozen Meats
11. BIRTHPLACE (City and State or Foreign Country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frederick Koerner
13b. MOTHER'S MAIDEN NAME: Sarah E. Bryan
14. NAME OF HUSBAND OR WIFE: Mrs. Clara Koerner

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.: 493-20-0902
17. INFORMANT'S SIGNATURE OR NAME: Mr. Max H. Koerner
ADDRESS: 204 W. Darthmouth Rd. K. C. 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 50 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Rheumatic Heart — 40 yr
DUE TO (c) Fifty years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 416X
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?

22. *I hereby certify that I attended the deceased from* Jan, 1949 *to* Oct 4, 1953, *that I last saw the deceased alive on* Sept 20, 1953, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ben H. Brinker MD
23b. ADDRESS: Lexington, Missouri
23c. DATE SIGNED: 10-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-6-53
24c. NAME OF CEMETERY OR CREMATORY: Cherryvale, Kansas
24d. LOCATION (City, town, or county) (State): Cherryvale, Kansas.

DATE REC'D BY LOCAL REG.: 10-6-53
REGISTRAR'S SIGNATURE: Minerva E. Eastabrooks 156
25. FUNERAL DIRECTOR'S SIGNATURE: J. C. Sheppard
ADDRESS: Wellington, Missouri

(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 J. Blair Shepard

Licensed Embalmer No. 4179

P. O. Address Wellington, 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.