

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **43005**  
**5740**

**FILED DEC 23 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b> <b>3198</b>	
c. LENGTH OF STAY (in this place) <b>6 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>14 3829 EAST 9<sup>th</sup> STREET</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKES HOSPITAL</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>HENRY</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>KOELKEBECK</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>12 - 4 - 1953</b>	
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>OCT. 26, 1873</b>
<b>9. AGE</b> (In years last birthday) <b>80</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>NEW HAVEN, MISSOURI</b> <b>0</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>			

<b>13a. FATHER'S NAME</b> <b>FREDERICK KOELKEBECK</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>CATHERINE HOAMAN</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>IDA M. KOELKEBECK</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>IDA M. KOELKEBECK, 3829 EAST 9<sup>th</sup> STREET, KANSAS CITY, MO</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2.4 hrs.</b>  <b>10 years</b>  <b>332X</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Thrombosis</b>		
	<b>ANTECEDENT CAUSES</b> Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Cerebral Arteriosclerosis</b> <b>DUE TO (c) Generalized Arteriosclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT (Specify)</b> <b>SUICIDE</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Sept 1, 1949, to Dec. 4, 1953, that I last saw the deceased alive on Dec. 4, 1953, and that death occurred at 6:45 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>W. A. Slentz</b> (Degree or title) <b>M.D.</b>		<b>23b. ADDRESS</b> <b>315 Nichols Rd. Kansas City, Mo</b>	<b>23c. DATE SIGNED</b> <b>12/6/53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>DEC. 7, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>NIT. WASHINGTON CEM.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>12-7-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Geraldine Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>W. W. Newcomer, Sr., 1110 Olive St., Kansas City, Missouri</b>	

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

100: *Blank*  
441-35-59 Jan.

**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

*John B Lewis*

Licensed Embalmer No. \_\_\_\_\_

*4875*

P. O. Address \_\_\_\_\_

*KC 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.