

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **849**

FILED JAN 12 1954

BIRTH NO. _____		REG. DIST. NO. <b>118</b>		PRIMARY REG. DIST. NO. <b>4188</b>		Registrar's No. <b>10</b>	
1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Owensville</b>		c. LENGTH OF STAY (in this place) <b>21 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Owensville</b>		d. STREET ADDRESS (If rural, give location) <b>0870</b> ***	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>family home</b>				3. NAME OF DECEASED (Type or Print) a. (First) <b>Geneva</b> b. (Middle) <b>✓</b> c. (Last) <b>Kohrman</b>			
4. DATE OF DEATH <b>Jan. 4, 1954</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>June 21, 1882</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>11</b>		IF UNDER 24 HRS. Hours <b>11</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>near Bem, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Pfeiffer</b>		13b. MOTHER'S MAIDEN NAME <b>** Morris</b>		14. NAME OF HUSBAND OR WIFE <b>George Kohrman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Kohrman Owensville, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7824</b>				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) m.		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 <b>Feb. 11, 1952</b> to <b>Jan. 4, 1954</b> , that I last saw the deceased alive on <b>Dec. 12, 1953</b> , and that death occurred at <b>1:45 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. M. Keller</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>305 S. Second, Owensville, Mo.</b>		23c. DATE SIGNED <b>1-5-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-7-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Oak Hill, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>January 8, 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs. Maxine Jappmeyer</b>		493-D		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wilford T. H. Winter OWENSVILLE</b>	

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

**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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Margaret H. Hunter

Licensed Embalmer No. 3831

P. O. Address OWENSVILLE

**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.