FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5499

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: MILLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TUSCUMBIA
c. LENGTH OF STAY (In this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): TUSCUMBIA Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MORGAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL HAWCREEK TWP.
d. STREET ADDRESS (If rural, give location): 1 MILE NORTH STOVER 0710

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD b. (Middle) H. c. (Last) KOESTER
4. DATE OF DEATH (Month) (Day) (Year): MARCH 6 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH:
9. AGE (In years last birthday): 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): FARM
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): STOVER Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: AUGUST KOESTER
13b. MOTHER'S MAIDEN NAME: META KOESTER
14. NAME OF HUSBAND OR WIFE: BERTHA KOESTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: BERTHA KOESTER ADDRESS: STOVER 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) Shock due to acute pulmonary embolism — Interval between onset and death: 5 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Mural Ventricular thrombosis with myocardial infarction — several days

DUE TO (c) Arteriosclerosis with Coronary thrombosis. — 3 weeks.

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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* Feb. 11, 1954, *to* March 6, 1954, *that I last saw the deceased alive on* March 6, 1954, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas P. Wescoto (Degree or title): D.O.
23b. ADDRESS: Stover, Missouri
23c. DATE SIGNED: 3/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 9/1954
24c. NAME OF CEMETERY OR CREMATORY: STOVER CEMETERY
24d. LOCATION (City, town, or county) (State): STOVER Mo.

DATE REC'D BY LOCAL REG.: MAR 15 1954
REGISTRAR'S SIGNATURE: Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE: J. H. Stevenson ADDRESS: Stover Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 12 1954
MILLER COUNTY HEALTH
DEPARTMENT

MAR 19 1954

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 Stevinson

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.