

FILED JUN 28 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19434**

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 58

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

| | | | |
|---|--|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Je 77</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Boachum</u> | | c. LENGTH OF STAY (in this place) <u>2 wks.</u> | c. CITY OR TOWN <u>Kirkwood, Mo.</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MT. View Nursing Home</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> | | b. (Middle) <u>J</u> | c. (Last) <u>Kothe</u> |

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|---|--|---|---|--|---|--|--|
| 4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>18</u> <u>54</u> | 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>unknown</u> <u>11/21</u> | 9. AGE (In years last birthday) <u>31</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Darrison Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | |

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| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Kelly Kothe</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Mo.</u> | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>David Kothe</u> ADDRESS <u>Kirkwood Mo.</u> |

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| 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>Pneumo-pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) | 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 June 12, 1954, to June 18, 1954, that I last saw the deceased alive on June 18, 1954, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

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|---|--------------|---------------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS | 23c. DATE SIGNED <u>June 18, 1954</u> |
|---|--------------|---------------------------------------|

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|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/23/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Massillon Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Massillon, Ohio</u> |
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| | | |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>6-18-54</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Crestview, Mo.</u> |
|---|--|---|

JUN 23 1954

DEC 31 1954

JUN 23 1954

DATE RECEIVED

JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

AUG 16 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.....
Signature of Student Embalmer

Signed *J. Allen Davis*
Licensed Embalmer No. 40

P. O. Address *J.H. June 18*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.