

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40181

State File No. 1296
Registrar's No. 1296

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Clinton	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN Camerton	
c. LENGTH OF STAY (in this place) 1 hr.		d. STREET ADDRESS (If rural, give location) 0251	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			

3. NAME OF DECEASED (Type or Print) LENA	a. (First)	b. (Middle) —	c. (Last) Kochan	4. DATE OF DEATH (Month) (Day) (Year) Dec. 12 1954
---	------------	----------------------	-------------------------	---

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 3 1897	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 9	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri			

13a. FATHER'S NAME James Bentley	13b. MOTHER'S MAIDEN NAME Ida Bentley	14. NAME OF HUSBAND OR WIFE Henry Kochan
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Wm. E. Lynch	ADDRESS Plattsburg, Mo.
---	-------------------------------------	---	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Duodenal Ulcer		INTERVAL BETWEEN ONSET AND DEATH 1 year
--	---	--	--

*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		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. Pyloric Obstruction		1 mo	

19a. DATE OF OPERATION 11-30-54	19b. MAJOR FINDINGS OF OPERATION Pyloric obstruction	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 **11-28 1954** to **12-12 1954**, that I last saw the deceased alive on **12-12 1954** and that death occurred at **8:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS St Joseph mo	23c. DATE SIGNED 12-12-54
---	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-14-54	24c. NAME OF CEMETERY OR CREMATORY LATHROP	24d. LOCATION (City, town, or county) (State) LATHROP MO.
---	---------------------------	---	--

DATE REC'D BY LOCAL REG Dec 14, 1954	REGISTRAR'S SIGNATURE Ethel M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Lyon	ADDRESS Plattsburg MO.
---	---	--	-------------------------------

WRITE PLAINLY—USING UNFADING 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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....

Danell W. Lyon

Signed.....
Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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