

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4442**

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5427 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Catawissa</u>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>Catawissa</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>0360</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u> b. (Middle) <u>MARIE</u> c. (Last) <u>KOBER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13 1955</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-27-1887</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>LONEDELL - MO</u>
12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME <u>JOHN HEMMYER</u>	13b. MOTHER'S MAIDEN NAME <u>MOLLY BERRY</u>	14. NAME OF HUSBAND OR WIFE <u>OSCAR KOBER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucille E. Kober</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>27 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> <u>of paralytic type</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension, arteriosclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>arthritis</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>725X</u>
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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?
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22. I hereby certify that I attended the deceased from Feb 12, 1955, to Feb 13, 1955, that I last saw the deceased alive on Feb 13, 1955, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. S. Tuller</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Facile, Mo</u>	23c. DATE SIGNED <u>Feb 14/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12/16/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST-JAMES CEM. CATAWISSA MO</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Feb. 15 - 1955</u>	REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Argumier, here</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

360
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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 *D. J. [Signature]*

Licensed Embalmer No. *436*

P. O. Address *[Signature]*

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.