

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10906

FILED MAY 3 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>MEXICO</u>		c. LENGTH OF STAY (In this place) <u>2 WKS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN COUNTY HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>GENERAL DELIVERY, AUXVASSE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSIE</u>		b. (Middle) <u>M.</u>	c. (Last) <u>KOENIG</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>4-29-55</u>		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>11-13-1893</u>	9. AGE (In years last birthday) <u>61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>GUS KIEL</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Not known</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. WALTER SIMPSON, AUXVASSE, MO.</u>
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) <u>Heart block with Congestive failure 1 yr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease 5 yrs</u> DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 <u>7-8</u> , 19 <u>54</u> , to <u>4-29</u> , 19 <u>55</u> that I last saw the deceased alive on <u>4-28</u> , 19 <u>55</u> and that death occurred at <u>12:40 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. D. Jackson</u> (Degree or title)		23b. ADDRESS <u>119 E. Jackson, Mexico, Mo.</u>	23c. DATE SIGNED <u>4-29-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl E. Pauls, Mexico, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 29, 1955</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely 9-0</u>	

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

8961 6 NIT

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... *Earl E. Powell* .....

Licensed Embalmer No. 3189

P. O. Address MEXICO, MO.

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.