

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

A. No. 14460
State File No. 14460

No. 300
10. 48

FILED MAY 2 1955

6223 Registrar's No. 4

BIRTH NO.		REG. DIST. NO. <u>357</u>		PRIMARY REG. DIST. NO. <u>6223</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs</u>		c. LENGTH OF STAY (in this place) <u>53 year</u>		c. CITY OR TOWN <u>Eldorado Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R#1 Virgil Twp.</u>				STREET ADDRESS (If rural, give location) <u>R#1 Virgil Twp. 1080</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna Christina</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Koch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1955</u>				
5. SEX <u>Fm</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1868 February 26</u>	
9. AGE (in years last birthday) <u>87</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 <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joachim Stender</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Muller</u>		14. NAME OF HUSBAND OR WIFE <u>John C. Koch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosa Koch Eldorado Springs, Mo. R#1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute left ventricular failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>several days</u> <u>several years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) 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>1-9-</u> , 19 <u>54</u> , to <u>4-17-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-13-</u> , 19 <u>55</u> , and that death occurred at <u>1:00</u> A., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. Baxter Davis MD</u>				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>4-19-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Vernon County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-28-55</u>		REGISTRAR'S SIGNATURE <u>Mrs Ruth Fair</u>		GENERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>		ADDRESS <u>Nevada, Mo.</u>	

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
L. Douglas Ferry

Licensed Embalmer No. 496

P. O. Address Nevada, Miss

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.