

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25372

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 958

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1710 Howard Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerard</u>		b. (Middle) <u>Victor</u>	
		c. (Last) <u>Koch</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 30th 1955</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>July 22nd 1870</u>		9. AGE (In years last birthday) <u>85 Yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired; Druggist.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner &amp; prop</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton, Louisiana.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Gerard Koch</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hahn</u>	
		14. NAME OF HUSBAND OR WIFE <u>Eleanor M. Koch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eleanor M. Koch</u>		17. CITY, ADDRESS <u>1710 Howard Street.</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>Intellectual Obstruction</u> ANTECEDENT CAUSES <u>undetermined</u> Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5705.</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) (Min.)		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>Aug 9</u> , 19 <u>55</u> , to <u>Aug 30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 30</u> , 19 <u>55</u> , and that death occurred at <u>2:58 pm</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Refton Sweet M.D.</u>		23b. ADDRESS <u>218 No 7 - St Joseph Mo.</u>	
		23c. DATE SIGNED <u>9/2/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 1-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 7, 1955</u>		REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>	
485		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wierhoff Fleeman</u>	
		ADDRESS <u>St. Joseph, Mo.</u>	

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

*Inc.*

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 *Albert B. Harrison*.....

Licensed Embalmer No.....3258

P. O. Address.....St. Joseph

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.