

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 21 1955

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>HENRY</u>	
b. CITY OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>Wayland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY in this place <u>6 days</u>		e. STREET ADDRESS (If rural, give location) <u>\$14⁰⁰</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>B.</u> c. (Last) <u>Koebel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-2-1904</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ordinance Plant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ORDNANCE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Benjamin Koebel</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Beckler</u>	14. NAME OF HUSBAND OR WIFE
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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. <u>yes (?)</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marilyn Koebel, Mount Pleasant, Ia.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u>		
	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 <u> </u>	19b. MAJOR FINDINGS OF OPERATION <u> </u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #15</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>near Bering</u> (COUNTY) <u>Way</u> (STATE) <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 7 55 1:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pt was in auto accident</u>

22. I hereby certify that I attended the deceased from Sept 7, 1955, to Sept 13, 1955, that I last saw the deceased alive on Sept 13, 1955, and that death occurred at 3:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter T. English, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Kirksville, Mo</u>	23c. DATE SIGNED <u>Sept 13, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>North Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Wayland, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>9-13-55</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Behr Funeral Home, Wayland, Iowa</u>	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

MS SEP 9 1959

SEP 21 1959

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 *Robert B. Davis*.....

Licensed Embalmer No. *421*

P. O. Address *Hicksville*

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.