

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5637

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u></u>		c. CITY OR TOWN <u>Hannibal</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 <u>Residence 608 Mound</u>				e. STREET ADDRESS (If rural, give location) <u>608 Mound</u> <u>06490</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugo E. Koch</u>			b. (Middle) <u></u>		c. (Last) <u></u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>February 13, 1956</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>August 11, 1891</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 24 HRS. Days <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief Chemist.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Universal Atlas Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Henry M. Koch</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Schenker</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Farrell Koch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W W I</u>		16. SOCIAL SECURITY NO. <u>490 07 6936</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hugo Koch Hannibal Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarct</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had Myocardial Infarct Spring 1953.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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>12<sup>th</sup> pm 19, Feb 13, 1956</u> to <u>12<sup>45</sup> pm 13, 1956</u> , that I last saw the deceased alive on <u>Feb 13, 1956</u> , and that death occurred at <u>12<sup>45</sup> pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. E. Diltzman M.D.</u>				23b. ADDRESS <u>115 N 5th Hannibal Mo</u>		23c. DATE SIGNED <u>Feb 13 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/15/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-15-56</u>		REGISTRAR'S SIGNATURE <u>D. E. M. Diltzman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Crawford Hannibal Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 17 1956  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 17 1956

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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 *John S. Stone*.....  
Licensed Embalmer No. 454

Licensed Embalmer No. 454

P. O. Address.. Hannibal.. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.