

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH10993  
State File No. 2122BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Belle</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Howard</b>		b. (Middle)		c. (Last) <b>Kokenberger</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 24, 1956</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Never married</b>		8. DATE OF BIRTH <b>March 30, 1889</b>		9. AGE (In years last birthday) <b>66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Samuel Kokenberger</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ridenhour</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-12-4647</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Jett, Belle, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Acute myocardial infarction</b> <b>Acute Myocardial Infarction</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerotic coronary thrombosis</b> <b>arteriosclerotic coronary thrombosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>4 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <b>2/15, 1956</b> , to <b>2/24, 1956</b> , that I last saw the deceased alive on <b>2/24, 1956</b> , and that death occurred at <b>2:50 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Stanley M. Hoed</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>457 N. Kuephaven</b>	
23c. DATE SIGNED <b>2/27/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-24-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Pilot Knob</b>		24d. LOCATION (City, town, or county) (State) <b>Osage Co., Mo.</b>		DATE REC'D BY LOCAL REG. <b>FEB 28 1956</b>	
REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			
ADDRESS		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 22 1958

**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 *Stanley H. Dip...*

Licensed Embalmer No. *4*

P. O. Address *St. J.*

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.