

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18154

State File No. ....

FILED MAY 25 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4572

1. PLACE OF DEATH a. COUNTY <b>City of St. Louis, Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Sedalia, Mo.</b> b. COUNTY <b>Pettis</b>	
b. CITY OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>Sedalia, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>11 wks.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pac. Employes Hosp. Assn</b>		e. STREET ADDRESS (If rural, give location) <b>2240 East 12th. St.,</b> <i>esof</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b> b. (Middle) <b>FLORENCE</b> c. (Last) <b>KOELLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 10, 1956.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Sept. 12, 1891</b>
9. AGE (in years last birthday) <b>64</b>		IF UNDER 1 YEAR: Months <b>7</b> Days <b>28</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Scrap Sorter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Cole Camp, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Koeller</b>		13b. MOTHER'S MAIDEN NAME <b>Dora (Unknown)</b>	
14. NAME OF HUSBAND OR WIFE <b>Elsie Koeller</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY # <b>492-14-2027</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Lawrence Koeller</b>		ADDRESS <b>Sedalia, Mo.</b>	
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Right Lung,</b>  ANTECEDENT CAUSES Morbid 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. <b>Metastases to Liver.</b> <i>163x</i>		INTERVAL BETWEEN ONSET AND DEATH <b>Feb. 24, 56</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Right main stem bronchial fistula- empyema.</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>None</b>			
22. I hereby certify that I attended the deceased from <b>Feb. 24, 56</b> to <b>May 10, 1956</b> , that I last saw the deceased alive on <b>May 10, 1956</b> and that death occurred at <b>12:00M</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Joseph A. Lembeck, M.D.</b>		23b. ADDRESS <b>1755 S. Grand Blvd.</b>	
23c. DATE SIGNED <b>May 10,</b>			
24a. BURIAL (CREMATION) REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5/12/56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAY 11 1956</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Gilespie Funeral Home</b>		ADDRESS <b>Sedalia, Mo</b>	

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

JUN 8 1955

MAR 20 1963

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. 527

working under my personal supervision..

Student Clifford George  
Signature of Student Embalmer

Signed DW Seckart

Licensed Embalmer No. 347

P. O. Address Sedalia,

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.