

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21260

State File No.

FILED JUN 22 1956

BIRTH NO. _____ REG. DIST. NO. 2251 PRIMARY REG. DIST. NO. 5797 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL - TIPTON</u>		c. CITY OR TOWN <u>RURAL TIPTON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>LIFETIME</u>		e. STREET ADDRESS (If rural, give location) <u>1 MILE N.W. TIPTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>PETER</u>	c. (Last) <u>KOECHNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14-1956</u>
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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>AUGUST 19, 1871</u>	9. AGE (In years) (Months) (Days) <u>84 9 25</u>	IF UNDER 1 YEAR OF UNDER 1 HRS. Hours Min. <u>- -</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TIPTON, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HENRY KOECHNER</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET KLINE</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA VOGEL KOECHNER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe J. Koechner</u>	ADDRESS <u>Tipton, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis unknown</u>		
	DUE TO (c) <u>Cardio Vasculer Renal Hypertensive syndrome</u>		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>TIPTON MO. MISSOURI</u>
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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? _____
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22. I hereby certify that I attended the deceased from April 23, 1956 to June 14, 1956 that I last saw the deceased alive on June 13, 1956 and that death occurred on June 14, 1956 from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph DeCicca M.D.</u>	23b. ADDRESS <u>Tipton, Mo.</u>	23c. DATE SIGNED <u>6-15-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 16, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. ANDREWS CATHOLIC</u>	24d. LOCATION (City, town, or county) (State) <u>TIPTON, MO.</u>
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DATE REC'D BY LOCAL REG. <u>June 17-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard D. Coon</u>	ADDRESS <u>Coon Funeral Home Tipton, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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... *Richard D. Conn*

Licensed Embalmer No... 476

P. O. Address... *Jupiter, Fla.*

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.