

STANDARD CERTIFICATE OF DEATH

State File No. **24387**

FILED JUL 30 1956

BIRTH NO.		REG. DIST. NO. 720		PRIMARY REG. DIST. NO. 4313		Registrar's No. 154			
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmer		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Elmer		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Goldie b. (Middle) Evelyn c. (Last) Koger			4. DATE OF DEATH (Month) July (Day) 10 (Year) 1956		5. SEX Female		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR			
Widowed		Sept 26 1898		57		Months 9 Days 14 Hours Mins. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		
					Macon County Missouri		U. S. A.		
13a. FATHER'S NAME Theodore Lagle			13b. MOTHER'S MAIDEN NAME Gertrude Krawl		14. NAME OF HUSBAND OR WIFE William Earl Koger				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maxine Hoffman Elmer Mo				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				30 min	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b)				DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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)		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 July 1, 1956 to July 10, 1956 , that I last saw the deceased alive on July 10, 1956 , and that death occurred at 2-45 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE <i>Harold R. Le Plate, M.D.</i>				23b. ADDRESS La Plate Mo.		23c. DATE SIGNED 7/10/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 12 1956		24c. NAME OF CEMETERY OR CREMATORY Bell		24d. LOCATION (City, town, or county) (State) Macon County Mo			
DATE REC'D BY LOCAL REG. 7/14/56		REGISTRAR'S SIGNATURE <i>Walter M. Neely</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. McCallum</i>		ADDRESS South Gifford Mo			

(Licensed Emballer's Statement on Reverse Side)

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

185-0

RECEIVED 7.24.56
MADON COUNTY HEALTH DEPARTMENT
County File No. 7156.114
Date Filed 7.26.56

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 *M. W. Collins*.....
Licensed Embalmer No.. 2052.....

P. O. Address... South Gifford..

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.