

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38111

FILED NOV 28 1956

STATE FILE NUMBER 4928

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City, Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.			Length of stay in lb 45 Years		d. STREET ADDRESS 3204 Penn.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First August Middle J. Last Koehler				4. DATE OF DEATH Month Nov Day 13 , Year 1956									
5. SEX Male <input type="radio"/>		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 14, 1887		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest			10b. KIND OF BUSINESS OR INDUSTRY Priest		11. BIRTHPLACE (City and state or country) Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME August Koehler				14. MOTHER'S MAIDEN NAME Elizabeth Wirthman									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. None		17. INFORMANT Dr. Charles A. Koehler Address 3204 Penn.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus (9 yrs)										INTERVAL BETWEEN ONSET AND DEATH 4 days 4200			
20a. ACCIDENT - SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____										
20c. TIME OF INJURY. Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____				20e. CITY, TOWN, OR LOCATION _____		COUNTY _____		STATE _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____				20f. CITY, TOWN, OR LOCATION _____		COUNTY _____		STATE _____		
21. I attended the deceased from 11/18/56 to 11/13/56 and last saw her/him alive on 11/13/56 . Death occurred at 9 PM on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE C. G. Leitch (Degree or title) MD				22b. ADDRESS 1010 Penn Bldg. KC Mo				22c. DATE SIGNED 11/19/56					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 16, 1956		23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery			23d. LOCATION (City, town, or county) (State) Kansas City, Missouri						
24. FUNERAL DIRECTOR Muehlebach Funeral Home ADDRESS 6800 Troost				25. DATE RECD. BY LOCAL REG. 11-14-56		26. REGISTRAR'S SIGNATURE Reva Minshall							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
C. G. Leitch

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard E. Nichols*.....

Licensed Embalmer No. *49*.....

P. O. Address *609 Tenth*
Kenosha, Wis.

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.