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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38592

State File No.

FILED NOV 26 1956

 BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly, Middleton</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>	c. CITY OR TOWN <u>Norborne</u>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kellings Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Rural Route 2</u> 01701		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Koontz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 30/1887</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Peter Koontz</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Storms</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Koontz</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-40-6248</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clarence E Wood Norborne Mo</u> ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES			DUE TO (b) <u>Arteriosclerosis generalized</u>		6 Months
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)		Duration
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"/>
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>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Nov. 8, 1956</u> , to <u>Nov. 11, 1956</u> , that I last saw the deceased alive on <u>Nov. 11, 1956</u> , and that death occurred at <u>1:50 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>George A Kellings MD</u>			23b. ADDRESS <u>Waverly, Missouri</u>		23c. DATE SIGNED <u>11-12-56</u>
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>II/13/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 12-1956</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John B Deitch Norborne Mo</u> ADDRESS		

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 Me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John G Deitch.....

Licensed Embalmer No. 3654.....

P. O. Address Nashone W......

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.