FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3780

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes X No ☐	c. CITY OR TOWN St. Joseph 0113 0 — Inside Limits Yes ☐ X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1710 Colhoun St., — Length of stay in 1b Lifetime	d. STREET ADDRESS (If outside, give location) 1710 Colhoun St., — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First George	Middle F.	Last Koch	4. DATE OF DEATH Month Day Year Feb. 21, 1957
5. SEX Male	6. COLOR OR RACE White 0	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐	8. DATE OF BIRTH Aug. 19, 1875
9. AGE (In years last birthday) 81	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) Self Employed (retired)	10b. KIND OF BUSINESS OR INDUSTRY Dairy Farmer	11. BIRTHPLACE (City and state or country) St. Joseph, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Koch		14. MOTHER'S MAIDEN NAME Christine F. Wiedman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Robert L. Koch, (brother) St. Joseph, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant Tumor, etiology unknown — INTERVAL BETWEEN ONSET AND DEATH —

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Signed as an unattended death in the

DUE TO (c) City of St. Joseph Mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1999

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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~~ viewed the deceased from 2-22-57, to _____ and ~~last~~ never saw ~~her~~ him alive on _____

Death occurred at 9:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard L Maginn M.D. assistant city health officer 5	22b. ADDRESS Phys Surg Bldg 216, St. Joseph, Mo	22c. DATE SIGNED 2-23-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman Inc., St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 28, 1957	26. REGISTRAR'S SIGNATURE Esther M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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.....

Licensed Embalmer No. 4679

P. O. Address St. Joseph,

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.