

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5845

FILED MAR 4 1957

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Moberly</u>		0883 0	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in Hospital, give location) <u>Woodland Hospital</u>				Length of stay in 1b <u>81 years</u>		d. STREET ADDRESS (If outside, give location) <u>134 Bedford</u>	
3. NAME OF DECEASED (Type or print) First <u>MAUDE</u> Middle <u>-</u> Last <u>KOCHS</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>-27-</u> Year <u>1957</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. -18-1876</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state of country) <u>Moberly Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joseph Hedges</u>				14. MOTHER'S MAIDEN NAME <u>Anna Elizabeth Reid</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, of unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>J. W. Hedges</u> Address <u>Moberly Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia - Influenza</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Influenza</u> DUE TO (c) <u>480x</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Chronic arthritis of spine, hips knees</u> <u>Obstruction none</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2</u>	
20c. TIME OF INJURY Hour <u>-</u> a. m. <u>-</u> p. m. <u>-</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Moberly</u> COUNTY <u>-</u> STATE <u>-</u>	
21. I attended the deceased from <u>1/27/57</u> to <u>2/27/57</u> and last saw her/him alive on <u>2/26/57</u> Death occurred at <u>7:25 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Robert Harrison, M.D.</u> (Degree or title)				22b. ADDRESS <u>121 S. Wms. Moberly, Mo</u>		22c. DATE SIGNED <u>2/27/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Mar-1-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly, Mo.</u> ADDRESS <u>-</u>				25. DATE RECD. BY LOCAL REG. <u>3-1-57</u>		26. REGISTRAR'S SIGNATURE <u>Charles Lowe</u>	

(Licensed Embalmer's Statement on Reverse Side)

00  
-56  
0  
69-  
Disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 4 1959

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: *Lenny P. Carter*.....  
Licensed Embalmer No. *4900*

P. O. Address *Merly*.....

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.