

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31087

| | | | | | | | |
|--|--|--|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>53</u> | | PRIMARY REG. DIST. NO. <u>3009</u> | | Registrar's No. <u>434</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u> c. LENGTH OF STAY (in this place) <u>22 yr</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>208 Elm St.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u> <u>0161</u> d. STREET ADDRESS (If rural, give location) <u>208 Elm St.</u> <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>Koechig</u> c. (Last) <u>Koechig</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1957</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>Nov. 12, 1878</u> | |
| 9. AGE (In years last birthday) <u>78</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Kaster Brick Co.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Manufacturing</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oak Ridge Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Henry Koechig</u> | | 13b. MOTHER'S MAIDEN NAME <u>Augusta Sievers</u> | | 14. NAME OF HUSBAND OR WIFE <u>Kathrine Koechig</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. August Koechig Jackson, Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Uremia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2-3 hrs</u> <u>45 days</u> <u>Not known</u> |
| 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) | | | |
| 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>Sept 14, 1957</u> , to <u>Sept 19, 1957</u> , that I last saw the deceased alive on <u>Sept 19, 1957</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Walter H. Patton, D.O.</u> | | | | 23b. ADDRESS <u>104 E. Washington Jackson Mo</u> | | 23c. DATE SIGNED <u>9-21-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9/22/57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jackson, Cape Girardeau Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>9-24-57</u> | | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Corrao</u> | | ADDRESS <u>Jackson, Mo.</u> | |

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

44-0

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
Student Embalmer

Signed Lynn Steele
Licensed Embalmer No. 2476
P. O. Address Jackson, Mo

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 this body is not embalmed, fact should be so stated above.