

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009441

STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 110

Primary Registration District No. 4182

Registrar's No. 37

300
-57

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) New Haven		c. CITY OR TOWN New Haven 0360	
c. FULL NAME OF (If NOT in hospital, give location) 50 Yrs.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EMIL Middle F. Last KOCH			4. DATE OF DEATH Month March Day 30 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 6. 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired oil Dealer		10b. KIND OF BUSINESS OR INDUSTRY Retail Oil Sales	11. BIRTHPLACE (City and state or country) Casco Mo.
13a. FATHER'S NAME William Koch		13b. MOTHER'S MAIDEN NAME Amelia Stock	13c. NAME OF HUSBAND OR WIFE Mary Koch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or years of service) Yes World War #1		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mr. Geo Koch New Haven Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound head			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 22 cal. - entering of parital forehead			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) Area directed later toward - suicide			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Patient under psychiatric care - 976X			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 22 cal. rifle - self inflicted	
20c. TIME OF INJURY Hour 12:10 p.m. Month 3 Day 30 Year 1958		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.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE New Haven Franklin Mo	
21. I attended the deceased from Death occurred at Franklin to Franklin and last saw her/him alive on April 1 - 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dworn of title) Edmund J. Croner Union Mo		22b. ADDRESS Union Mo	
22c. DATE SIGNED 3/3/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 2, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Peters Ev. Cem.	23d. LOCATION (City, town, or county) (State) New Haven Mo.
24. FUNERAL DIRECTOR ADDRESS L. C. Fertig & Son New Haven Mo.		25. DATE RECD. BY LOCAL REG. April - 1958	26. REGISTRAR'S SIGNATURE Nettie Murphy

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 7 1958

MAY 16 1958

VS JUN 18 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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Carl C. Leitzig*

Licensed Embalmer No. *3375*

P. O. Address *New Haven*

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.