

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010031  
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1310

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Ann's Lutheran</i>		Length of stay in <i>5 mos</i>	3068 STREET ADDRESS <i>5710 N. Tracy</i>
3. NAME OF DECEASED (Type or print) <i>Sarah E. Koehler</i>		4. DATE OF DEATH <i>Mar 10, 1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 14, 1880</i>
9. AGE (In years last birthday) <i>78</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	11. BIRTHPLACE (City and state or country) <i>Osage Co., Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>David E. Quirk</i>	13b. MOTHER'S MAIDEN NAME <i>Amelia Shackelford</i>
14. NAME OF HUSBAND OR WIFE <i>Otto J. Koehler</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>
17. INFORMANT <i>Otto Koehler, K.C., Mo.</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Posterior Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 hrs</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Coronary Atherosclerosis</i>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
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	COUNTY STATE
21. I attended the deceased from <i>Feb 28, 1958</i> to <i>Mar 10, 1958</i> and last saw her alive on <i>Mar 10, 1958</i> Death occurred at <i>9:45 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John B. Withrow M.D.</i>		22b. ADDRESS <i>2730 S. Mall, Kansas City, Mo.</i>	22c. DATE SIGNED <i>3-12-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>3-12-58</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <i>Linny, Missouri</i>
24. FUNERAL DIRECTOR <i>Morton Funeral Home, Linny, Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>3-12-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
John B. Withrow

(Licensee, Embalmer's Statement on Reverse Side)

1310

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

Student .....  
Signature of Student Embalmer

Signed *John R. Williams* .....  
Licensed Embalmer No. *4531* .....  
P. O. Address *Kansas City* .....

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.