

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010456
STATE FILE NUMBER

FILED APR 4 1958

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN ROCK TOWNSHIP Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN SECKMAN MO Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION FOUR OAKS HOME 18 MONTHS		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> RURAL ROUTE	

3. NAME OF DECEASED (Type or print) First ANTON Middle Last KOHLER			4. DATE OF DEATH MAR. 10, 1958 Month Day Year		
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. 1 1872	9. AGE (In years last birthday) 85 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 5 Days 9 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and state or country) SECKMAN MO	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME XAVIER KOHLER			14. MOTHER'S MAIDEN NAME MARY FREDING		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO None		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ELMER J. KOHLER ARNOLD MO ERWIN A. KOHLER IMPERIAL MO Address		

18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor. Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 4221		
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 Imperial Jefferson MO
21. I attended the deceased from 1950 to 3/10/58 and last saw her alive on 3/9/58 Death occurred at 11-50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Reich MD (Death or title)	22b. ADDRESS Imperial MO	22c. DATE SIGNED 3/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 13 1958	23c. NAME OF CEMETERY OR CREMATORY ANTONIA CEMETERY	23d. LOCATION (City, town, or county) (State) ANTONIA MO
24. FUNERAL DIRECTOR ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO		25. DATE RECD. BY LOCAL REG. 3-13-58	26. REGISTRAR'S SIGNATURE Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
0509
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 21 1958

MAR 24 1958

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 *Elmer Halistag*.....

Licensed Embalmer No. *35*.....

P. O. Address *Superior*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.