

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-024488
STATE FILE NUMBER

Health,
Welfare
Public
Service

00 43
300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Registration District No. <u>10</u>		Primary Registration District No. <u>3002</u>		Registrar's No. <u>151</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cuivre Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		Length of stay in 1b <u>1 day</u>	d. STREET ADDRESS <u>4 miles SE Vandalia</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>John</u> Last <u>Kohl</u>			4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 18, 1880</u>	9. AGE (In years last birthday) <u>78</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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grain</u>	11. BIRTHPLACE (City and state or country) <u>Audrain County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Henry C. Kohl</u>			14. MOTHER'S MAIDEN NAME <u>Mggdalena Schmidt</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. <u>7</u>	17. INFORMANT Address <u>Richard Kohl, Vandalia, 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>Chronic degenerative Myocarditis with Acute Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 Years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>auricular Fibrillation - with congestive</u>					
DUE TO (c) <u>heart failure</u>					<u>4331</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Axtona sclerotic type heart disease -</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>X</u>				
20c. TIME OF INJURY Hour <u>7:30</u> Month, Day, Year <u>7-7-58</u>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Mexico Missouri Audrain</u>	20f. CITY, TOWN, OR LOCATION <u>Mexico Missouri Audrain</u>		COUNTY <u>Audrain</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>2-27-58</u> to <u>7-7-58</u> and last saw her/him alive on <u>7-6-58</u> . Death occurred at <u>6:00 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Larry F. O'Brien M.D.</u>			22b. ADDRESS <u>Mexico Missouri</u>		22c. DATE SIGNED <u>7-9-58</u>
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>	23b. DATE <u>July 9, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>	
FUNERAL DIRECTOR <u>William B Waters</u>		ADDRESS <u>Vandalia, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>July 9-1958</u>	26. REGISTRAR'S SIGNATURE <u>Blenche Neely</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 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 *William P. Waters*

Licensed Embalmer No. *410*

P. O. Address *Vandewater*

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.