

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028816  
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 853

300  
1-56

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Springfield</b> 03960		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. St. Johns DOA</b>				Length of stay in 1b		d. STREET ADDRESS <b>817 N. National</b> (If outside, give location)	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		4. DATE OF DEATH Month <b>Aug.</b> Day <b>21</b> Year <b>1958</b>					
3. NAME OF DECEASED (Type or print) First <b>LUMIR</b> Middle <b>ALBERT</b> Last <b>KLOUCHECK</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 6, 1892 65</b>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>		11. BIRTHPLACE (City and state or country) <b>Iowa City, Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13. FATHER'S NAME <b>Anthony Koucheck</b>			
14. MOTHER'S MAIDEN NAME <b>Rose Pecka</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Annie Baisler</b>		Address <b>Springfield, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Drowning</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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"/> 2							
20a. ACCIDENT <input checked="" 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.) <b>Was fishing off a float bank on James River below Little Springfield dam. He fell in, called for help but was dead when pulled from river.</b>					
20c. TIME OF INJURY Hour <b>3:00</b> p. m. Month, Day, Year <b>8/31/58</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>James River</b>		20f. CITY, TOWN, OR LOCATION <b>S. of Springfield, Greene, Missouri.</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>Approx. 3:00 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Ralph H. Thieme</b> Coroner				22b. ADDRESS <b>Springfield, Mo.</b>		22c. DATE SIGNED <b>2 Sept 58</b>	
23a. BURIAL, CREMATION, OR OTHER (Specify) <b>Burial</b>		23b. DATE <b>3 Sept 58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>	
24. FUNERAL DIRECTOR <b>Ralph Thieme</b> ADDRESS <b>Springfield, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9-3-58</b>		26. REGISTRAR'S SIGNATURE <b>Effie B. Melton</b>	

SEP 22 1958

Greene

Missouri

Greene

Springfield

Springfield

x

x

D.O.A. St. Johns DOA

817 N. National

x

LUMIR

ALBERT

KLUGHACK

ANA

31 1958

Male

White

x

Sept. 6, 1892

Carpenter

Carpenter

Iowa City, Iowa

USA

Anthony Koucheck

Rose Becka

no

Springfield, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Lee Mason*

Licensed Embalmer No...456

P. O. Address Springfield, Mo.

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

Springfield, Mo.