

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031566
STATE FILE NUMBER

FILED AUG 28 1958

Registration District No.

370

Primary Registration District No.

6258

Registrar's No.

100

3-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GASCONADEL	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GREENVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN OWENSVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR NEAR INSTITUTION NEAR GREENVILLE MO		Length of stay in 1b	d. STREET ADDRESS R.F.D. 3
3. NAME OF DECEASED (Type or print) First Middle Last ARNOLD - EDWARDS SCHAEFFER KOETTER			4. DATE OF DEATH Month Day Year AUG 17 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 23 1934
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM.	11. BIRTHPLACE (City and state or country) OWENSVILLE, MO.
13a. FATHER'S NAME LEWIS H. SCHAEFFER KOETTER		13b. MOTHER'S MAIDEN NAME LYDIA ROSKOUSKE	14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 492-36-9884	17. INFORMANT Address Owensville MO R.F.D. 3 LYDIA SCHAEFFER KOETTER
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOT GUN WOUND 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)			INTERVAL BETWEEN ONSET AND DEATH INSTANT
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> PENDING <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 16th Shot Gun Wound in neck	
20c. TIME OF INJURY Hour Month, Day, Year 1:30 a.m. Aug 17, 1958		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM		20f. CITY, TOWN, OR LOCATION COUNTY STATE GREENVILLE R.F.D. 3 WAYNE MO	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Marvin E. Bowler Coroner (Degree or title)		22b. ADDRESS Pudmont, MO	
22c. DATE SIGNED Aug 17-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug 17 1958	23c. NAME OF CEMETERY OR CREMATORY BEM	23d. LOCATION (City, town, or county) (State) BEM, MO.
24. FUNERAL DIRECTOR Gish Funeral Home ADDRESS Pudmont Mo		25. DATE RECD. BY LOCAL REG. Aug. 17, 1958	26. REGISTRAR'S SIGNATURE Betta M. Ward

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 *Roman W. Gish*

Licensed Embalmer No. *3387*
P. O. Address *Piedmont*

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.