

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032818
STATE FILE NUMBER 4063

FILED SEP 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4063

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Higginsville</u> ⁰⁵⁴¹
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grace Nursing Home</u>		Length of stay in lb <u>18 mos.</u>	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First <u>Ella</u> Middle <u>—</u> Last <u>Kohofener</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>25</u> Year <u>1958</u>	
5. SEX <u>Female</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>Oct. 7, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		9. AGE 55 years ⁸⁴ (If first day)	
13a. FATHER'S NAME <u>Henry Engelbach</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Wiffler</u>	14. NAME OF HUSBAND OR WIFE <u>Henry H. Kohofener</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>no</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>Pneumonia - Broncho</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3+ days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension + Atherosclerosis</u>			<u>10+ yrs</u>
DUE TO (c) <u>C.V.A. - Thrombus = embolus + dysphagia</u>			<u>Jan 1957</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4917</u>			
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 <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 <u>1-6 1957</u> to <u>8-25-58</u> and last saw her ^{her} _{him} alive on <u>8-24-58</u> Death occurred at <u>8-25-58 at 1:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank B. Leitz M.D.</u>		22b. ADDRESS <u>1530 Park Blvd. Kansas City, Mo</u>	22c. DATE SIGNED <u>8-25-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>8-27-1958</u>	<u>Mount Moriah</u>	<u>Kansas City Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Wieggers-PieKHof Higginsville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-25-58</u>	26. REGISTRAR'S SIGNATURE <u>neva menhall</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Frank B. Leitz

All diseases in Part I must be causally related.
No symptoms with 08 listed.



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 *Forest H. Gresham*

Licensed Embalmer No. *4284*

P. O. Address *Higginsville*

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.