

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033135  
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 146 Primary Registration District No. 3076 Registrar's No. 425

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Hospital</u> Length of stay in lb <u>5 days</u>		d. STREET ADDRESS (If outside, give location) <u>Rt #1 - Courtney, Arkansas</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>August</u> Last <u>Koehler</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>6</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan-19-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bishop Missionary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u>	11. BIRTHPLACE (City and state or country) <u>Richester - Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George M. Koehler</u>	
13b. MOTHER'S MAIDEN NAME <u>Julianne Glasner</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Koehler</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-34-7189</u>	17. INFORMANT Address <u>Mrs Edith Koehler - Indep. 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>Acute &amp; chronic pyelonephritis with abscess formation &amp; uremia.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2</u> Years <u>2</u> days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>6000</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Terminal pneumonia</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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
21. I attended the deceased from <u>10-2-58</u> to <u>10-6-58</u> and last saw him alive on <u>10-6-58</u> Death occurred at <u>2:30</u> P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Vance E. (Deputy or title) Drs. Grabke &amp; Link</u>		22b. ADDRESS <u>10901 Winner, Independence, Mo.</u>	22c. DATE SIGNED <u>10-8-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 8-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u>
24. FUNERAL DIRECTOR <u>Roland R. Speaks - Indep. Mo</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>10-7-1958</u>	26. REGISTRAR'S SIGNATURE <u>Vance E. Grabke</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Wm. J. Miller* .....

Licensed Embalmer No. *4783* .....

P. O. Address *Indy, Ind* .....

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.