

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039471
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 115-116 Primary Registration District No. 5434 Registrar's No. 298

300
1-57

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN WASHINGTON 6360
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.# 2		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R.R.# 2

3. NAME OF DECEASED (Type or print) First EDWARD Middle LOUIS Last KOHRING			4. DATE OF DEATH Month NOV. Day 27 Year 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 11, 1887	9. AGE (In years less birthday) 71	IF UNDER 1 YEAR Months 6 Days 16	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) UNION, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY KOHRING	13b. MOTHER'S MAIDEN NAME ELSIE FARWIG	14. NAME OF HUSBAND OR WIFE BERTHA KOHRING
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 493-42-7349	17. INFORMANT CLARENCE KOHRING	Address UNION, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Instant
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Cardiovascular	4201	Unknown
	DUE TO (c) dissecting		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dead suddenly without medical care for this		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Illness - found dead in home	
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 UNION	COUNTY FRANKLIN	STATE MO.
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21. I attended the deceased from **9:00 P** to and last saw ^{her}him alive on m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS Union Mo	22c. DATE SIGNED 11/29/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-1-58	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S MANTELS	23d. LOCATION (City, town, or county) UNION, MO.	(State)
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24. FUNERAL DIRECTOR OLTMAN FUNERAL HOME	ADDRESS UNION, MO.	25. DATE RECD. BY LOCAL REG. 12/29/58	26. REGISTRAR'S SIGNATURE [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 Ralph Ottomano

Licensed Embalmer No. 4808

P. O. Address Union

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.

DEC 11 1958