

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040814

STATE FILE NUMBER

FILED NOV 20 1958

Registration District No. 230

Primary Registration District No. 4344

Registrar's No. 23a

5810
4344

300
1-57

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>LOUTRE TWP</u>		c. CITY OR TOWN <u>McKITTRICK</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi. NW of McKittrick</u>		Length of stay in lb <u>3 WEEKS</u>	
0705 STREET ADDRESS <u>0</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>LOUISA</u> Middle Last <u>Koch</u>	4. DATE OF DEATH Month <u>Nov.</u> Day <u>16</u> Year <u>1958</u>
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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"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 13-1871</u>	9. AGE (In years at birthday) <u>87</u>	IF UNDER 1 YEAR Months . Days	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) <u>HOUSEKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>HENRY LUDWIG</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISA WILD</u>	14. NAME OF HUSBAND OR WIFE <u>WM H. KOCH</u>
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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>497-16-3182B</u>	17. INFORMANT <u>Mrs IDA BECKMAN</u> Address <u>McKITTRICK MO R7D</u>
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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) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>		<u>12 hrs.</u>
DUE TO (c) <u>Coronary arteriosclerosis</u>		<u>15 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>4201</u>
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 Dec 1, 1950 to Nov. 16, 1958 and last saw her live on Nov. 16, 1958
Death occurred at 3:18 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. O. Hermann</u> (Degree or title)	22b. ADDRESS <u>Hermann, Missouri</u>	22c. DATE SIGNED <u>11/18/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11/19/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LOUTRE ISLAND CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>R7D McKITTRICK R7D MO</u>
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24. FUNERAL DIRECTOR <u>HUGO H. BLUMER</u> ADDRESS <u>HERMANN MO</u>	25. DATE RECD. BY LOCAL REG. <u>NOV. 19-1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 All diseases in Part I must be causally related.

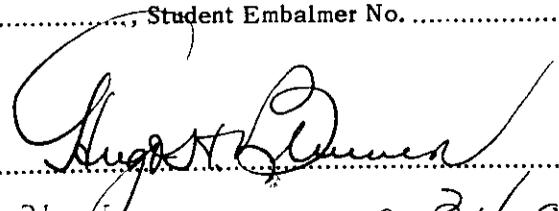
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 3160

P. O. Address *Herrmann*

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.