

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040982

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 455

300
1-56

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. Coroner need not certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1. PLACE OF DEATH a. COUNTY rettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY denton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Cole Camp 080	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Campbell Rest Home		d. STREET ADDRESS --- (If outside, give location)	
Length of stay in 1b 2 Months		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Louisa Middle --- Last Koeller			4. DATE OF DEATH Month December Day 5th Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 16th 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Et Hulda Missouri
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME Isiac Young	
14. MOTHER'S MAIDEN NAME Adeleid Schutte		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Mrs Florence Koeller Address Cole Camp Mo	
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 A.S.H.D. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASHD. DUE TO (c) ---			INTERVAL BETWEEN ONSET AND DEATH 30 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) 4200	
20c. TIME OF INJURY Hour --- Month, Day, Year a. m. --- p. m. ---		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Sedalia Missouri	
21. I attended the deceased from May 1958 , to Dec 5-1958 and last saw her alive on 12-5-58 Death occurred at 1:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Alvin L Lowe MD		22b. ADDRESS Sedalia Mo	
22c. DATE SIGNED 12-7-58		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE Dec 8, 1958		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Sedalia	
23d. LOCATION (City, town, or county) Sedalia Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR E L Kieckhoff		25. DATE RECD. BY LOCAL REG. Dec 7 1958	
ADDRESS Cole Camp Mo		26. REGISTRAR'S SIGNATURE Francis Shelby	

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..... *E. L. Eickhoff*

Licensed Embalmer No 730

P. O. Address Cole Camp Mo

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.