

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041193
STATE FILE NUMBER

FILED DEC 3 1958

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 424

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Leadwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.		Length of stay in 1b 4 Weeks	d. STREET ADDRESS (If outside, give location) -----		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Willard Middle Russel Last Koen			4. DATE OF DEATH Month Nov. Day 14, Year 1958		
5. SEX Male	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 Dec. 12, 1887	9. AGE (In years by birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Leadmining		11. BIRTHPLACE (City and state or country) Esther, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Skelton Demoss Koen		13b. MOTHER'S MAIDEN NAME Belle McDaniel	
14. NAME OF HUSBAND OR WIFE Gertrude Koen		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. 493-03-9973	
17. INFORMANT Mrs. Carl McGeorge Rivermines, 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) Viral encephalitis DUE TO (b) Influenza infection Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 483X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral thrombosis, arterio sclerosis		INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
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.)	
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 Leadwood		20g. COUNTY St. Francois		20h. STATE Missouri	
21. I attended the deceased from Death occurred at 11-20-58		to 11-14-58 and last saw her alive on 11-14-58		in on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE L.P. Soeldner M.D.		(Degree or title)		22b. ADDRESS Leadwood Mo	
22c. DATE SIGNED 11-22-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 17, 1958	
23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Park		23d. LOCATION (City, town, or county) Bonne Terre, Missouri		(State)	
24. FUNERAL DIRECTOR Bert L. Boyer Leadwood, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. Nov. 24, 1958	
26. REGISTRAR'S SIGNATURE Esther Rudloff					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

REC'D
MAY 2 1968

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 *William E. Boyer*

Licensed Embalmer No. *4730*
P. O. Address *Leadwood, 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.