

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044968

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 15

300
1-57

1. PLACE OF DEATH a. COUNTY <i>moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jipton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Jipton</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Downtown-Jipton</i>		Length of stay in 1b —	d. STREET ADDRESS (If outside, give location) <i>1 mile South</i>

3. NAME OF DECEASED (Type or print) First <i>TONY</i> Middle <i>H.</i> Last <i>KOECHNER</i>			4. DATE OF DEATH Month <i>December</i> Day <i>24</i> Year <i>1958</i>
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>November 26, 1904</i>	9. AGE (In years last birthday) <i>54</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>28</i>	IF UNDER 24 HRS. Hours <i>—</i> Min. <i>—</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer & Stockman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and state or country) <i>3 mi. N.E. Jipton</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Peter Koehner</i>	13b. MOTHER'S MAIDEN NAME <i>Katherine Harmon Koehner</i>	14. NAME OF HUSBAND OR WIFE <i>Agnes Brosch Koehner</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>495-10-9569</i>	17. INFORMANT <i>Mrs. Agnes Koehner - Jipton</i>
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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) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerosis Endocarditis</i>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>414X</i>		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.)
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20c. TIME OF INJURY Hour _____ 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 _____
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21. I attended the deceased from <i>May 19 49</i> to <i>Dec, 1958</i> and last saw <i>him</i> alive on <i>12-24-58</i> Death occurred at <i>4:00 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.

21. SIGNATURE (Degree or title) <i>D. J. Hudson D.D.</i>	22b. ADDRESS <i>Jipton, Mo.</i>	22c. DATE SIGNED <i>12-26-58</i>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 27, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Andrew's Catholic Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Jipton, Mo.</i>
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24. FUNERAL DIRECTOR <i>Richard B. Conn - Jipton, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Dec. 27-1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Maude Hudson</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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JAN 19 1955

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 *Richard D. Conn*

Licensed Embalmer No. *4703*

P. O. Address *Lipton, 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.