Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000704
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 77 Primary Registration District No. 5305 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Cole Liberty	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole
b. CITY OR TOWN Taos — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Taos 0.265 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Route # 3 — Length of stay in Ib	d. STREET ADDRESS (If outside, give location) Route # 3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: CONRAD CLEMENS KOETTING

4. DATE OF DEATH Month Day Year: January 19, 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept. 13, 1887

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 4, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (City and state or country): Taos, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Bernard Koetting

13b. MOTHER'S MAIDEN NAME: Mary Rehagen

14. NAME OF HUSBAND OR WIFE: Julia Watts Koetting

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Julia Koetting — Address: Taos, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Man died suddenly at his home. Investigation revealed death due to natural causes.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home

20f. CITY, TOWN, OR LOCATION: Jefferson City — COUNTY: Cole — STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw him alive on 19 January 1959. Death occurred at between 10:30 AM + 12 Noon on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Victor Volk, Cole County Coroner (Degree or title)

22b. ADDRESS: Jefferson City 630 Adams St Mo

22c. DATE SIGNED: 1/23/59.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 21, 1959

23c. NAME OF CEMETERY OR CREMATORY: Parish Cemetery

23d. LOCATION (City, town, or county) (State): Taos, Mo.

24. FUNERAL DIRECTOR: Victor Buescher — ADDRESS: JCMo

25. DATE RECD. BY LOCAL REG.: 23 January 1959

26. REGISTRAR'S SIGNATURE: R.P. Norris, MD - MR

(Licensed Embalmer's Statement on Reverse Side)

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.

verified - treated - Dr. Woodson - Pt. was found dead - Carson Beauchamp - Deputy Coroner. Death certificate signed by Dr. Norris - Jan 23 1959

FEB 9 1960
MAR 28 1959
VS FEB 1961

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jcmo

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.