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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005672
STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 490

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4740 ROANOKE — Length of stay in 1b: 33 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4740 ROANOKE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: OLIVER Middle: HENRY Last: KOCH

4. DATE OF DEATH Month Day Year: JAN. 23, 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Oct. 31, 1895

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: LAUNDRY

11. BIRTHPLACE (City and state or country): WELLINGTON, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: OTTO KOCH

13b. MOTHER'S MAIDEN NAME: LYDIA BOESE

14. NAME OF ~~HUSBAND OR~~ WIFE: Emily S. KOCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. #1

16. SOCIAL SECURITY NO.: 486-07-1267

17. INFORMANT: MRS. EMILY KOCH — Address: 4740 ROANOKE KANSAS CITY, MISSOURI

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ventricular Fibrillation - Terminal	15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Myocardial Infarction	1 hour
DUE TO (c)	Coronary Artery Sclerosis + Occlusion	3 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Previous Coronary Artery Occlusion

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 26-1958 to Jan 23-1959 and last saw him alive on Jan 23-1959. Death occurred at 4:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Graham Asher MD

22b. ADDRESS: 1220 Professional Kansas City 6, Mo

22c. DATE SIGNED: 1-26-59

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

23b. DATE: 1-26-59

23c. NAME OF CEMETERY OR CREMATORY:

23d. LOCATION (City, town, or county) (State): Wellington, Missouri

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS - K.C., MO. — ADDRESS: 1331 BRUSH CREEK

25. DATE RECD. BY LOCAL REG.: 1-26-59

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Graham Asher

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. 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.