

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006444

STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 224 Primary Registration District No. 0796 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Walker</i>		c. CITY OR TOWN <i>0680</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3 1/2 M. S.W. of Calfarm</i>		d. STREET ADDRESS <i>3 1/2 M. S.W. of Calfarm</i>	

3. NAME OF DECEASED (Type or print) First <i>DOTTFRIED</i> Middle <i>Kocher</i> Last <i>Kocher</i>			4. DATE OF DEATH Month <i>March</i> Day <i>1</i> Year <i>1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 24, 1896</i>	9. AGE (In years last birthday) <i>92</i>	IF UNDER 1 YEAR Months <i>3</i> Days <i>7</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>general</i>	11. BIRTHPLACE (City and state or country) <i>Switzerland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Rudolph Kocher</i>			14. MOTHER'S MAIDEN NAME <i>Marie Schwaab</i>		
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>none</i>	17. INFORMANT <i>Frank Kocher</i> Address <i>California Mo</i>		

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>Intestinal Infarction.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 week.</i>
DUE TO (b) <i>Cardiac failure.</i>		
DUE TO (c) <i></i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>5704</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>0</i>

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 <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>		
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 COUNTY STATE

21. I attended the deceased from *July 21* to *29 March 1* and last saw her alive on *Feb 28*.
Death occurred at *7:20* *4* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Edgar H. Kibler M.D.</i>	22b. ADDRESS <i>California</i>	22c. DATE SIGNED <i>3/2/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>3-3-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Evangelical</i>
23d. LOCATION (City, town, or county) <i>California</i>		(State) <i>Mo.</i>

24. FUNERAL DIRECTOR <i>A.E. Wilson</i> ADDRESS <i>California Mo</i>	25. DATE RECD. BY LOCAL REG. <i>3/2/59</i>	26. REGISTRAR'S SIGNATURE <i>H.H. Popejoy</i>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *A. E. Wilson*.....

Licensed Embalmer No. *235*.....

P. O. Address *California*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.