

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006459

STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 231 Primary Registration District No. 5808 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY MONTGOMERY CO	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BEAR CREEK Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Wagon Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MARYS NURSING HOME Length of stay in lb 7 Mo		d. STREET ADDRESS (If outside, give location) 2 MILES W OF JONESBURG. Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CLARENCE Middle B Last KOOP			4. DATE OF DEATH Month 2 Day 24 Year 59
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 1-8-1874
9. AGE (In years at birthday) 85	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	11. BIRTHPLACE (City and state or country) OHIO	12. CITIZEN OF WHAT COUNTRY? U. S. A.
10a. KIND OF BUSINESS OR INDUSTRY OIL WELL SUPPLY CO	13a. FATHER'S NAME AUGUST KOOP	13b. MOTHER'S MAIDEN NAME MARY NEIDERT	14. NAME OF HUSBAND OR WIFE HILDA KOOP
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.	17. INFORMANT CLYDE KOOP Address 1953 ALFRED.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial decompensation & failure DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Generalized Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Emphysema			INTERVAL BETWEEN ONSET AND DEATH 3 days Years
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 <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 2-20-59 to 2-24-59 and last saw him alive on 2-24-59 Death occurred at 6:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. N. Macrae D.O.		22b. ADDRESS Waverton, Mo.	22c. DATE SIGNED 2-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2-27-59	23c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES	23d. LOCATION (City, town, or county) (State) St Louis Co Mo
24. FUNERAL DIRECTOR KRIEGERHAUSER ADDRESS 4220 S. KINGS HIGHWAY		25. DATE RECD. BY LOCAL REG. 2-25-59	26. REGISTRAR'S SIGNATURE Laura B Callaway

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

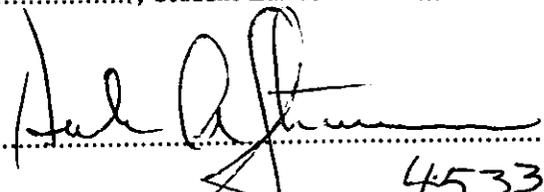
Doctor, coroner, etc.: must use only statements recommended by this form. All diseases in Part I must be causally related.

MAR 5 1959

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 
Licensed Embalmer No. 4533

P. O. Address

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.