

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006802

STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 77

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1-57

1. PLACE OF DEATH a. COUNTY <b>ST Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <b>Missouri St Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>River Mines</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bonne Terre Hosp.</b>		Length of stay in 1b <b>7 Days</b>	d. STREET ADDRESS (If outside, give location) <b>515 Mill</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Lena Gertrude Koen</b>			4. DATE OF DEATH Month Day Year <b>Feb 21 1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 9, 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>72</b> Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>Valley Mines, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Wesley Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Nancey Cannon</b>	14. NAME OF HUSBAND OR WIFE <b>Willard Koen</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs Carl Mc Gorge, River Mines, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumo-pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Myelofibrosis splenomegaly</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) <b>1 nephrectomy 2 yrs ago</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
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.) <b>2923</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <b>Nov 1957</b> to <b>Feb 21 59</b> and last saw her/him on <b>2-21-59</b> Death occurred at <b>1:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>[Signature]</b> (Degree or title)	
22b. ADDRESS <b>River Mines Mo</b>		22c. DATE SIGNED <b>2-27-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Bural</b>	23b. DATE <b>Feb 23, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo</b>
24. FUNERAL DIRECTOR <b>Bert L Boyer Leadwood, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 25, 1959</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written or listed. All diseases in Part I must be causally related.

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FEB 4 1934

### 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 *Bert R. Boye* .....

Licensed Embalmer No. *3445* .....

P. O. Address *Landwood, Md.* .....

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.