

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017141

FILED JUN 12 1959

Registration District No.

77

Primary Registration District No.

3016

STATE FILE NUMBER

Registrar's No.

174

1. PLACE OF DEATH

a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Jefferson City

Inside Limits

Yes No

c. CITY OR TOWN Jefferson City

Inside Limits

Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital

Length of stay in 1b

d. STREET ADDRESS (If outside, give location) 1024 Oak

Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)

First Middle Last James Henry Koecher

4. DATE OF DEATH Month Day Year June 5, 1959

~~June 6, 1959~~

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED NEVER MARRIED
WIDOWED DIVORCED

8. DATE OF BIRTH

May 6, 1905

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS

54 1 0

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

10b. KIND OF BUSINESS OR INDUSTRY Printing

11. BIRTHPLACE (City and state or country) Jefferson City Mo.

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

13a. FATHER'S NAME Adam Koecher

13b. MOTHER'S MAIDEN NAME Mary Meyer

14. NAME OF HUSBAND OR WIFE Hattie Koecher

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. 490-09-4811

17. INFORMANT Address Mrs. Hattie Koecher Jefferson City

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adeno-carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH 5 mo.

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)

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.)

ITEM 4 CORRECTED
BY AFFIDAVIT OF Funeral Director
6-22-59

20d. INJURY OCCURRED WHILE AT 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 1/24/59 to 6/5/59 and last saw ^{him} alive on 6/5/59. Death occurred at 3:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Howard Baker MD

(Degree or title)

22b. ADDRESS

Jefferson City Mo

22c. DATE SIGNED

6/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE

6/8/59

23c. NAME OF CEMETERY OR CREMATORY

Resurrection

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

Jefferson City Mo.

24. FUNERAL DIRECTOR

Sylvester Dush

ADDRESS

J.C.Mo.

25. DATE RECD. BY LOCAL REG.

10 June 1959

26. REGISTRAR'S SIGNATURE

R.P. Norris, MD-MR

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Print statistics for Part I and see tabulation instructions.

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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 *Sylvester Quille*
Licensed Embalmer No. 4301
P. O. Address *Jefferson City*

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.