

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018282
STATE FILE NUMBER

FILED MAY 26 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hosp.		Length of stay in lb 7 Days	d. STREET ADDRESS (If outside, give location) 435 N. Jefferson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRED Middle KO Last BY			4. DATE OF DEATH Month May Day 13 , Year 1959		
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 Nov. 9, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Lebanon, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Victor Koby		13b. MOTHER'S MAIDEN NAME Laura Hartmiller		14. NAME OF HUSBAND OR WIFE Flora Koby	
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. 489-36-9522A	17. INFORMANT Address Mrs. Fred Koby Lebanon, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Kidney shut down, pneumonia					INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) malnutrition					2 mos
DUE TO (c) Carcinoma of bowel & metastasis					2 1/2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1539					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input 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 2-14-59 to 5-13-59 and last saw him alive on 5-13-59 Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Louis E. Goul. M.D.			22b. ADDRESS 158 N. Adams, Lebanon, Mo		22c. DATE SIGNED 5-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/16/59	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		23d. LOCATION (City, town, or county) (State) Lebanon, Mo.
24. FUNERAL DIRECTOR S. P. Galbreath Lebanon Mo			25. DATE RECD. BY LOCAL REG. 5-16-1959		26. REGISTRAR'S SIGNATURE Hella L. Ray

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 27 1959

Date Filed
MAY 25 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 *S. P. Palmer*

Licensed Embalmer No. *2208*

P. O. Address *Lafayette, 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.