

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035747

FILED VS NOV 10 1959

STATE FILE NUMBER

MEMENDED

Registration District No. 110 Primary Registration District No. 5425 Registrar's No. 22

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Franklin</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Boeuf</b>		Length of stay in 1b <b>88 Yrs</b>		c. CITY OR TOWN <b>Berger RFD Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>His Home</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>7 Mi South of Berger, Mo.</b>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>LOUIS</b>		Middle <b>WILLIAM</b>		Last <b>KOHLBUSCH</b>		Month <b>Nov. 5</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 15, 1871</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR <b>2</b> Months <b>20</b> Days	IF UNDER 24 HR <b>0</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Berger RFD MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Herman Kohlbusch</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie Fallbeck</b>		14. NAME OF HUSBAND OR WIFE <b>Caroline Kohlbusch</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 Address <b>RFD Mrs. Caroline Kohlbusch N. Haven Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>						<b>1 year</b>	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <b>1:25AM</b> a.m. p.m.	Month, Day, Year						
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 <b>4/12/48</b> to <b>11/5/59</b> and last saw <sup>her</sup> him alive on <b>10/12/59</b>				Death occurred at <b>1:25AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>B. P. Eisenmann M. D.</b>				22b. ADDRESS <b>New Haven, Mo.</b>		22c. DATE SIGNED <b>11/5/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-9-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kohlbusch Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>New Haven, RFD Mo</b>		
24. FUNERAL DIRECTOR <b>Karl Blumer Berger Mo</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>11-5-1959</b>	26. REGISTRAR'S SIGNATURE <b>Lawrence Krueger Deputy</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_

*Herzog H. Ohmer*

Licensed Embalmer No. 3160

P. O. Address Herrman 70

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.