

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040700

FILED VS DEC 2 1959/62

STATE FILE NUMBER

Registration District No. 5595 Primary Registration District No. 118 Registrar's No.

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JEFFERSON		b. CITY (If outside corporate limits, give TOWNSHIP only) ROCK TOWNSHIP		a. STATE MO		b. COUNTY JEFFERSON	
Length of stay in 1b 80 YRS		c. CITY OR TOWN IMPERIAL RURAL ROUTE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IMPERIAL RURAL ROUTE				d. STREET ADDRESS (If outside, give location) IMPERIAL RURAL ROUTE			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First JACOB		Middle A.		Last KOHR		Month Day Year NOV. 28 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 APR. 3 1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and state or country) JEFFERSON COUNTY MO		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME HENRY KOHR		13b. MOTHER'S MAIDEN NAME CHRISTINA PRIESTER		14. NAME OF HUSBAND OR WIFE MARGARET KOHR			
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 Address MARGARET KOHR IMPERIAL MO			
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)		<i>Coronary Promptness</i>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Senility</i>					
		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 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 <i>Imperial Jefferson Mo</i>		COUNTY STATE	
21. I attended the deceased from <i>1955</i> to <i>Nov 28 59</i> and last saw him alive on <i>11/28/59</i>				Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. Reuchras</i>		(Degree or title)		22b. ADDRESS <i>Imperial, Mo</i>		22c. DATE SIGNED <i>11/30/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 1 1959		23c. NAME OF CEMETERY OR CREMATORY BURGESS CEMETERY		23d. LOCATION (City, town, or county) ANTONIA MO	
24. FUNERAL DIRECTOR HEILIGTAG FUNERAL HOME IMPERIAL MO		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>Dec 1 1959</i>		26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 17 1960

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 Elmer A. Ailigtag

Licensed Embalmer No. 3571

P. O. Address Imperial

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.