

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010479

FILED VS MAR 28 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 63 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Franklin</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Length of stay in 1b <b>9 days</b>		c. CITY OR TOWN <b>Detmold</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>WILHELM</b> Middle <b>EDWARD</b> Last <b>KOCH</b>				4. DATE OF DEATH Month <b>March</b> Day <b>23</b> Year <b>1960</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Cau</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/31/1887</b>		9. AGE (last birthday) <b>73</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>		11. BIRTHPLACE (City and state or country) <b>Detmold, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>US</b>		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME <b>Jacob Koch</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Kappelmann</b>			14. NAME OF HUSBAND OR WIFE <b>-----</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>Unknown</b>		17. INFORMANT Address <b>Ervin Koch, Hermann, 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>Right Colar pneumonia</b> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Uremia due to chronic nephritis</b>						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		COUNTY		STATE			
21. I attended the deceased from <u>3/15/60</u> to <u>3/23/60</u> and last saw him alive on <u>8/22/60</u> Death occurred at _____ m on the date stated above and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>[Signature]</i>				22b. ADDRESS <b>Hermann, Mo</b>				22c. DATE SIGNED <b>3/23/60</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/26/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. James Cemetery</b>		23d. LOCATION (City, town, or county) <b>Stony Hill, Mo</b>			
24. FUNERAL DIRECTOR <b>Hugo H. Blumer</b>				ADDRESS <b>Hermann, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>3/24/60</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Robert W. Blumenthal*

Licensed Embalmer No. 5055

P. O. Address Herman

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.

O. If this body is not embalmed, fact should be so stated above.