

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020005

FILED VS JUN 13 1960 79

Primary Registration District No. 5667

Registrar's No. 81

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp		Length of stay in 1b 1 week		c. CITY OR TOWN Silex		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Lincoln Co. Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) No Address			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Frank Koester				4. DATE OF DEATH Month June Day 3 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 10/24/78	9. AGE (last birthday) 81	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) Laborer			10b. KIND OF BUSINESS OR INDUSTRY anything		11. BIRTHPLACE (City and state or country) Silex, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Joseph Koester			13b. MOTHER'S MAIDEN NAME Edith ???			14. NAME OF HUSBAND OR WIFE Rosie Hickman Koester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Homer Townshend, Silex, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBAR PNEUMONIA						INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS	
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) ARTERIO SCLEROSIS, GENERALIZED						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 5-29-60 to 6/3/60 and last saw xx him alive on 6/3/60 Death occurred at 7³⁰ A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Paul T. Berry (Degree or title) M.D.			22b. ADDRESS Troy, Missouri			22c. DATE SIGNED 6/4/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/6/60	23c. NAME OF CEMETERY OR CREMATORY St Alphonsus Cem.		23d. LOCATION (City, town, or county) (State) Lincoln Co. Missouri.			
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 6-10-1960	26. REGISTRAR'S SIGNATURE Charlotte Leek		

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

Joseph J. Man...

Licensed Embalmer No. 3932

P. O. Address Troy, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.