

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUN 20 1960

=60=022526

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
Length of stay in 1b <u>5 yr</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1325 Bertling</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Kenneth</u> Middle <u>O</u> Last <u>Kothe</u>			4. DATE OF DEATH Month <u>June</u> Day <u>13</u> Year <u>1960</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-18-1912</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	-----------------------------------	----------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman at International Shoe Co</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Elgin Ill</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
---	--	---	--

13a. FATHER'S NAME <u>Otto Kothe</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie Bowley</u>	14. NAME OF HUSBAND OR WIFE <u>Leora Kothe</u>
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>330-03-5510</u>	17. INFORMANT <u>Mrs Leora Kothe, Cape Gir Mo</u>
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 Mins</u>
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 _____ 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 _____ on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____
--

22a. SIGNATURE (Degree or title) <u>Frank Hall M.D.</u>	22b. ADDRESS <u>Cape Girardeau</u>	22c. DATE SIGNED <u>6-13-60</u>
---	------------------------------------	---------------------------------

23a. BURIAL, CREMATION, RECOVERY (Specify) <u>Burial</u>	23b. DATE <u>6-19-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	23d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO.</u>
--	----------------------------	---	--

24. FUNERAL DIRECTOR <u>Brinkopi Howell, Cape G. r Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-16-60</u>	26. REGISTRAR'S SIGNATURE <u>June Kasten</u>
--	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 2 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Neil H. Groschneider

Licensed Embalmer No. 4997

P. O. Address Cape Girardeau

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.