

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029436

STATE FILE NUMBER

FILED VS JUL 21 1960 362

Registration District No. 262 Primary Registration District No. 6237 Registrar's No. 48

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Warren</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hickory-Grove Twp</u>		Length of stay in 1b <u>About 4 yrs</u>		c. CITY OR TOWN <u>Wright City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 mi So Wright City.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1/2 Mile South</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>Elmore</u> Last <u>Koelling</u>				4. DATE OF DEATH Month <u>July</u> Day <u>11</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>6/10/03</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </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>Garage Man</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Business</u>	11. BIRTHPLACE (City and state or country) <u>St Charles MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>					
13a. FATHER'S NAME <u>Fred Koelling</u>			13b. MOTHER'S MAIDEN NAME <u>Addie Thoroughman</u>		14. NAME OF HUSBAND OR WIFE (HUSBAND) <u>Bernice Koelling</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>498-10-0592</u>		17. INFORMANT <u>Bernice Koelling, Wright City, 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>Strangulation.</u> DUE TO (b) <u>hanging self with</u> DUE TO (c) <u>rope around neck.</u> 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							INTERVAL BETWEEN ONSET AND DEATH				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Self inflicted hanging</u>									
20c. TIME OF INJURY Hour <u> </u> Minute <u> </u> Day <u> </u> Month <u> </u> Year <u> </u> <u>7:30 AM 7/11/60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home garage</u>	20f. CITY, TOWN, OR LOCATION <u>Wright City</u>		COUNTY <u>Warren</u>		STATE <u>MO</u>				
21. I attended the deceased from <u>about 9:30</u> to <u> </u> and last saw him/her alive on <u> </u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.							22a. SIGNATURE (Degree or title) <u>F. H. Knigge D.C. Coroner</u>	22b. ADDRESS <u>Warrenton Mo</u>		22c. DATE SIGNED <u>July 11, 60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/13/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Wright City MO</u>			(State)				
24. FUNERAL DIRECTOR <u>Nieburg Furn & Und Co Wright City</u>			ADDRESS <u> </u>	25. DATE RECD. BY LOCAL REG. <u>July 13, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Floyd Logan</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 7 1960

VS MAR 14 1961

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

Julius J. Michurs

Licensed Embalmer No. 33616

P.O. Address Wright City

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.