

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034861

FILED VS OCT 3 1960

149

4671

STATE FILE NUMBER

Registration District No. Primary Registration District No. 1002 Registrar's No.

|  |   |   |  |  |   |  |   |              |  |
|--|---|---|--|--|---|--|---|--------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON |   |  |   |              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN KANSAS CITY   |   | Length of stay in 1b<br>38 YEARS  |  | c. CITY OR TOWN KANSAS CITY  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |              |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 6436 THE PASEO  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br>6436 THE PASEO   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |              |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>CLEO HENDERSON KOGER   |   |   |  | 4. DATE OF DEATH<br>Month Day Year<br>SEPTEMBER 10 1960  |   |  |   |              |  |
| 5. SEX<br>MALE   | 6. COLOR OR RACE<br>WHITE   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br>NOV. 28, 1897  | 9. AGE (last birthday)<br>62  | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR  |              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>SALESMAN - LADY BALTIMORE   |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>INSTITUTIONAL<br>WHOLESALE GROCERS              |  | 11. BIRTHPLACE (City and state or country)<br>GALLATIN, MISSOURI  |  | 12. CITIZEN OF WHAT COUNTRY<br>U. S. A.   |              |  |
| 13a. FATHER'S NAME<br>BENJAMIN F. KOGER  |   |   | 13b. MOTHER'S MAIDEN NAME<br>ELSIE HENDERSON   |  |   | 14. NAME OF HUSBAND OR WIFE<br>LELIA WILLIAMS KOGER                                  |   |              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br>YES WORLD WAR I  |   | 16. SOCIAL SECURITY NO.<br>486-03-4568  |  | 17. INFORMANT<br>Address 6436 THE PASEO<br>MRS. LELIA WILLIAMS KOGER KANSAS CITY, MO.  |   |  |   |              |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>acute Coronary Occlusion</i>  |   |   |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>24 hrs.</i>                                    |              |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <i>arteriosclerotic Heart Disease</i>   |   |   |  |  |   |  | <i>new yr.</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)<br><i>Bronchial asthma</i><br><i>Chronic emphysema</i>   |   |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |  |   |              |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour Month, Day, Year<br>p.m.   |   | 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 <i>1952</i> to <i>Sept 10, 1960</i> and last saw him alive on <i>Sept 9, 1960</i><br>Death occurred at <i>11:50 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |  |   |  |   |              |  |
| 22a. SIGNATURE (Degree or title)<br><i>Paul M. Kober, M.D.</i>   |   |   |  | 22b. ADDRESS<br><i>751 - E - 63 rd</i>   |   |  | 22c. DATE SIGNED<br><i>9-12-60</i>  |              |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL  | 23b. DATE<br>SEPT. 13, 1960   | 23c. NAME OF CEMETERY OR CREMATOR<br>FOREST HILL CEMETERY   |  |  | 23d. LOCATION (City, town, or county)<br>KANSAS CITY MISSOURI   |  | (State)   |              |  |
| 24. FUNERAL DIRECTOR<br>D. W. NEWCOMER'S SONS KANSAS CITY, MO.   |   |   | 25. DATE RECD. BY LOCAL REG.<br><i>9-13-60</i>                                       |  | 26. REGISTRAR'S SIGNATURE<br><i>H. L. Dewyer</i>  |  |   |              |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

C. E. N. KORN

**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 Louis J. West

Licensed Embalmer No. 4096

P. O. Address K. C. Mo

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.