

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 27 1960

**-60-046757**

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 240

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Chillicothe</b>		Length of stay in 1b <b>80 yrs.</b>	c. CITY OR TOWN <b>Chillicothe</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>City hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>215 E. Jackson</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Louis</b> Middle <b>Koehly</b> Last <b>Koehly</b>	4. DATE OF DEATH Month <b>Dec.</b> Day <b>11</b> Year <b>1960</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/7/80</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chief carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Chillicothe, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Ignatious Koehly</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Marian</b>	14. NAME OF HUSBAND OR WIFE <b>Amanda Koehly</b>
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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>707-12-1199</b>	17. INFORMANT Address <b>Amanda Koehly, Chillicothe, Mo.</b>
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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>Pneumonia Terminal</b> DUE TO (b) <b>Cerebral Embolus</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>2 days</b> <b>1 wk.</b>
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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
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year _____
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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
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21. I attended the deceased from Dec. 4-'60 to Dec. 11-'60 and last saw her alive on Dec. 10-'60  
Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Joseph A. Conrad M.D.</b>	22b. ADDRESS <b>Chillicothe, Mo.</b>	22c. DATE SIGNED <b>Dec 12 '60</b>
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23a. BURIAL, CREATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 13, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Catholic cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Chillicothe, Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Donald Gordon, Chillicothe, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec 12, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Annalee Taylor</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JAN 5 NVP SA

MAY 8 1962

**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 *Arnold Goodlaw*

Licensed Embalmer No. 4191  
P. O. Address *Stulliard*

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.