

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012318

STATE FILE NUMBER

AMENDED

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 10

FILED APR 11 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Texas</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cabool</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Texas</u>
Length of stay in lb <u>3 yrs.</u>		c. CITY OR TOWN <u>Cabool</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		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Clifford</u>	Middle <u>Alexander</u>	Last <u>A. Kohl</u>	4. DATE OF DEATH	Month <u>4</u>	Day <u>1</u>	Year <u>1961</u>
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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>4-2-1908</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cabool Shoe Co.</u>	11. BIRTHPLACE (City and state or country) <u>Bellville, Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Herman Kohl</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Schroeder</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Kohl</u>
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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) <u>yes</u>	17. INFORMANT <u>Elizabeth Kohl, Cabool, Mo.</u>
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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:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Carbon monoxide poison by self destruction</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>  </u>	
DUE TO (c) <u>  </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
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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>Set in automobile inside garage with doors</u>
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20c. TIME OF INJURY Hour <u>9:00</u> a.m. <u>  </u> Month, Day, Year <u>4-1-61</u>	closed and window down and engine running.
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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</u>	20f. CITY, TOWN, OR LOCATION <u>Cabool</u> COUNTY <u>Texas</u> STATE <u>Mo.</u>
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21. I VIEWED the deceased ON 4-1-61 to    and last saw him alive on    her Death occurred at approx. 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>James L. Gentry (Coroner)</u>	22b. ADDRESS <u>Cabool, Mo.</u>	22c. DATE SIGNED <u>4-2-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>4-4-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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24. FUNERAL DIRECTOR <u>Elliott-Gentry,</u> ADDRESS <u>Cabool, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-5-61</u>	26. REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 14 1961

APR 18 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 James S. Gentry

Licensed Embalmer No. 4718

P. O. Address Calool, 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.