

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029047

STATE FILE NUMBER

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 88
FILED SEP 5 1961

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE Missouri COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Length of stay in 1b 2 days	c. CITY OR TOWN Columbia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 14 McBaine Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Herman Middle Koch Last Koch			4. DATE OF DEATH Month August Day 30 Year 1961		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 25, 1885	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months 76 Days 76	IF UNDER 24 HR Hours 76 Min. 76
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY Warren County, Mo.	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Henry Koch	13b. MOTHER'S MAIDEN NAME Caroline Peitzmeier	14. NAME OF HUSBAND OR WIFE Beatrice Loraine Johnson
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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) no	17. INFORMANT Address Mrs. Herman Koch - Columbia, Missouri
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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) pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 48 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) hypertensive cardiovascular disease	
	DUE TO (c) distress	

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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE natural	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none
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20c. TIME OF INJURY Hour 10:30 a.m. Month, Day, Year Aug 30, 1961	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 July 10, 1953 to Aug 30, 1961 and last saw her alive on Aug 30, 1961 Death occurred at 10:30 A.M. of the date stated above, and to the best of my knowledge from the causes stated.	
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22a. SIGNATURE (Degree or title) M. J. Shaw, Jr. M.D.	22b. ADDRESS Lee Hospital, Fayette Mo	22c. DATE SIGNED 8-31-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & burial	23b. DATE 9-1-61	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Columbia, Boone, Missouri
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24. FUNERAL DIRECTOR Memorial Funeral Home - Columbia, Mo.	25. DATE RECD. BY LOCAL REG. 8-31-61	26. REGISTRAR'S SIGNATURE Katherine Welch
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

SEP 19 1967

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 Richard G. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia 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.