

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

 61-032128
 STATE FILE NUMBER

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

387

FILED SEP 26 1961

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Cape Girardeau | | a. STATE Missouri b. COUNTY Cape Gir. | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau | | c. CITY OR TOWN Cape Girardeau | |
| Length of stay in lb Life | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1803 Bend Road | | d. STREET ADDRESS (If outside, give location) 1803 Bend Road | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH |
| First Middle Last Philip **** Koch | | | Month Day Year September 16, 1961 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-9-1870 |
| 9. AGE (last birthday) 90 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brickmason | | 10b. KIND OF BUSINESS OR INDUSTRY Construction | 11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo. |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13a. FATHER'S NAME: Henry Koch | |
| 13b. MOTHER'S MAIDEN NAME Magdaline Stoll | | 14. NAME OF HUSBAND OR WIFE NONE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | |
| 17. INFORMANT Irene Koch | | Address Cape Gir., Mo. | |
| 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) Infirmities of Old Age | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| DUE TO (b) | | | |
| DUE TO (c) | | | |
| 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour a.m. p.m. | Month, Day, Year | | |
| 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 **** to **** and last saw her/him alive on ***** Death occurred at 7:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) W. J. Ford Coroner | | 22b. ADDRESS Cape Girardeau, Mo. | 22c. DATE SIGNED 9-17-1961 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9-17-1961 | 23c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery | 23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo. |
| 24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo. | | 25. DATE RECD. BY LOCAL REG. 9-19-61 | 26. REGISTRAR'S SIGNATURE Dune Kasten |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, 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.