

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-036288

STATE FILE NUMBER

 Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 201

AMENDED

FILED NOV 13 1961

1. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin Twshp.	Length of stay in lb 30 Min.	c. CITY OR TOWN Liberty	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Birmingham, Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 703 Hurt	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last John Koegler	4. DATE OF DEATH Month Day Year November 5 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 Jan. 11, 1918	9. AGE (last birthday) 43	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) Materials truck driver	10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co.	11. BIRTHPLACE (City and state or country) Jamestown, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Lewis Koegler	13b. MOTHER'S MAIDEN NAME Dora Reed	14. NAME OF HUSBAND OR WIFE Mrs. Velma Koegler
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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) Yes W.W.#2	16. SOCIAL SECURITY NO. W.W.#2	17. INFORMANT Mrs. Velma Koegler Liberty, Missouri	Address
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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) AUTOMOBILE FIRE		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) SUFFOCATION AND	
	DUE TO (c) BURNING OF TISSUES	
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 checked="" 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.) VICTIM WAS IN AUTOMOBILE SEAT WITH
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20c. TIME OF INJURY 12:30 P.M.	Month, Day, Year 11 5 61	LIQUOR BOTTLE, FIRE BELIEVED CAUSED BY SMOKING
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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.) ABANDONED ROCK QUARRY 2 MILES NORTH OF BIRMINGHAM, CLAY, MO	20f. CITY, TOWN, OR LOCATION LIBERTY	COUNTY CLAY	STATE MO
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Douglas D. Semken	(Degree or title) DEPUTY SHERIFF, ACTING CORONER	22b. ADDRESS 402. N. MAPLE, LIBERTY, MO	22c. DATE SIGNED 11-6-61
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-6-61	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR Church-Archer Co.	ADDRESS Liberty, Missouri	25. DATE RECD. BY LOCAL REG 11-6-61	26. REGISTRAR'S SIGNATURE Marguerite Hudgens
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 14 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 Harold H. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.