

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038202

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 405

AMENDED

FILED OCT 19 1961

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b <u>2 das</u>	c. CITY OR TOWN <u>Flat River</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>403 Lee St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Joel</u> Middle <u>Hardy</u> Last <u>Koen, Sr.</u>			4. DATE OF DEATH Month <u>October</u> Day <u>12</u> Year <u>1961</u>		
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>Feb 6, 1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mine superintendent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lead mining</u>	11. BIRTHPLACE (City and state or country) <u>Esther, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Skelton D. Koen</u>		13b. MOTHER'S MAIDEN NAME <u>Corina Belle McDaniel</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Ann (Landers) Koen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			17. INFORMANT Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>known</u> <u>10 years</u>
DUE TO (b) <u>Arteriosclerosis and hypertension</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Has had recurrent generalized thrombophlebitis (10 years)</u>		

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.)
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20c. TIME OF INJURY Hour . Month, Day, Year. a.m. p.m.	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 1951 to Oct 12, 1961 and last saw <sup>her</sup>him alive on Oct. 12, 1961  
Death occurred at 6:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. L. Foster MD</u> (Deceased or title)	22b. ADDRESS <u>Desloge Mo</u>	22c. DATE SIGNED <u>14 Oct 61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10/15/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Alvin W. Hood Flat River, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 14, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ethel Redloff</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

OCT 19 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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River

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.