

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044174

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 229 Primary Registration District No. 5493 Registrar's No. 59

AMENDED

FILED DEC 18 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Roark Two</u>		c. CITY OR TOWN <u>Hermann</u>	
Length of stay in 1b <u>3 1/2 Months</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>Erene Valley Home</u>		d. STREET ADDRESS (If outside, give location) <u>203 W. 3rd. St.</u>	
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) First Middle Last <u>WALTER HENRY KOENIG</u>			4. DATE OF DEATH Month Day Year <u>Nov. 28, 1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau.</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>2-8-1888</u>
9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	11. BIRTHPLACE (City and state or country) <u>Rhineland, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Gerd. Koenig</u>	
13b. MOTHER'S MAIDEN NAME <u>Anne Pottebaum</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Hoffmann Koenig</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		17. INFORMANT Address <u>Mrs. Clara Koenig--Hermann, Mo.</u>	
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>Gangrene of left foot and leg</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
DUE TO (b) <u>Arteriosclerosis</u>			<u>15 yrs</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>Arteriosclerotic heart disease</u>			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 <u>4-30-58</u> to <u>11-28-61</u> and last saw her/him alive on <u>11-26-61</u> Death occurred at <u>11:00 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Carol T. Shaw MD</u>		22b. ADDRESS <u>Hermann, Mo.</u>	22c. DATE SIGNED <u>11-29-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 1, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. George Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hermann Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Herman Blumer, Inc. Hermann, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-29-61</u>	26. REGISTRAR'S SIGNATURE <u>Delma Uffelmann</u>

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 Orval L. Groner Student Embalmer No. 644

working under my personal supervision.

Student

Orval Groner
Signature of Student Embalmer

Signed

Regent H. [Signature]

Licensed Embalmer No.

3160

P. O. Address

Hermann 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.