

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029769

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 54

DO NOT WRITE ON THIS STUB

AMENDED

<p><b>DECEASED JUL 30 1962</b></p>		<p>1. PLACE OF DEATH a. COUNTY <b>Taney</b></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Branson</b></p>		<p>Length of stay in 1b <b>2 years</b></p>		<p>c. CITY OR TOWN <b>Branson</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>home</b></p>			<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <b>E. Highway 76</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <b>IRVIN JOHN KOCH</b></p>			<p>4. DATE OF DEATH Month Day Year <b>July 21, 1962</b></p>		
<p>5. SEX <b>male</b></p>	<p>6. COLOR OR RACE <b>white</b></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>11/10/1904</b></p>	<p>9. AGE (last birthday) <b>57</b></p>	<p>IF UNDER 1 YEAR Months <b>8</b> Days <b>11</b></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b></p>		<p>11. BIRTHPLACE (City and state or country) <b>Texas</b></p>	<p>12. CITIZEN OF WHAT COUNTRY <b>USA</b></p>
<p>13a. FATHER'S NAME <b>John Koch</b></p>			<p>13b. MOTHER'S MAIDEN NAME <b>Marie Huelskoetter</b></p>		<p>14. NAME OF HUSBAND OR WIFE <b>Helen Koch</b></p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b></p>		<p>16. SOCIAL SECURITY NO. <b>none</b></p>	<p>17. INFORMANT Address <b>Mrs Helen Koch Branson, Mo</b></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Renal failure</b> DUE TO (c) <b>hypertension</b></p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>					<p>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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>				
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY</p>	<p>STATE</p>		
<p>21. I attended the deceased from <b>7-14-62</b> to <b>7-21-62</b> and last saw him alive on <b>7-21-62</b> Death occurred at <b>7 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22. SIGNATURE (Degree or title) <b>Charles C. Spears MD</b></p>			<p>22b. ADDRESS <b>Branson, Mo</b></p>		<p>22c. DATE SIGNED <b>7-28-62</b></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b></p>	<p>23b. DATE <b>7/25/62</b></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Mem.</b></p>		<p>23d. LOCATION (City, town, or county) <b>Branson, Mo</b></p>	<p>(State)</p>
<p>24. FUNERAL DIRECTOR ADDRESS <b>Walter Cobb Branson, Mo</b></p>		<p>25. DATE RECD. BY LOCAL REG. <b>7-28-62</b></p>	<p>26. REGISTRAR'S SIGNATURE <b>Helen Campbell</b></p>		

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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9593X

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AUG 21 1962

**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 Walter Cook

Licensed Embalmer No. 4731

P. O. Address Bramson 4th

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.