

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 2 1955

State File No. 15510  
2146

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 55 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 512 WOODLAND AVENUE		STREET ADDRESS (If rural, give location) 2606 EAST 6th STREET	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) A c. (Last) KOCH			4. DATE OF DEATH (Month) (Day) (Year) MAY -14- 1955		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE-9-1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL DUTY		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME JOHANN KOCH		13b. MOTHER'S MAIDEN NAME ALOISIA UNKNOWN		14. NAME OF HUSBAND OR WIFE LENA KOCH	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME MARY STEPHENS 2718 PEERY, K.C. Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Emphysema + Fibrosis (m-m-o)			INTERVAL BETWEEN ONSET AND DEATH 5 1/2 years	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate + Metastasis			5 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May 4, 1955, to May 14, 1955, that I last saw the deceased alive on May 6, 1955, and that death occurred at 2:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE Robert L. Ward, M.D. (Degree or title)		23b. ADDRESS 4126 St. John		23c. DATE SIGNED 5-16-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE MAY 11, 1955	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER & SONS	24d. LOCATION (City, town, or county) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 5-17-55	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE A.H. Newcomer		ADDRESS 1731. BROWN CTR. KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD  
Robert L. Ward

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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 *Robert E. Aaron*.....

Licensed Embalmer No. *48*

P. O., Address *N. E. M.*

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.