

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026336

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 94

AMENDED

FILED JUL 25 1961

|   |  |   |   |  |   |   |   |  |
|---|--|---|---|--|---|---|---|--|
| 1. PLACE OF DEATH   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |   |   |  |
| a. COUNTY <u>Ray</u>  |  | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u>                |   | Length of stay in 1b <u>82 yrs</u>   |   | a. STATE <u>Missouri</u> COUNTY <u>Ray</u>                              |   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route # 2</u>  |  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | c. CITY OR TOWN <u>Richmond</u>                                   |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>         |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Mayme Janette Koontz</u>   |  |   |   | 4. DATE OF DEATH Month Day Year <u>July 13, 1961</u>   |   |   |   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH <u>5-13-1879</u>                                       |   |  |
| 9. AGE (last birthday) <u>82</u>  |  | IF UNDER 1 YEAR Months Days   |   | IF UNDER 24 HR Hours Min.  |   |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>                             |  | 11. BIRTHPLACE (City and state or country) <u>Ray County, Mo.</u> |   | 12. CITIZEN OF WHAT COUNTRY <u>United States</u>  |  |
| 13a. FATHER'S NAME <u>John Christopher Whitmer</u>  |  |   | 13b. MOTHER'S MAIDEN NAME <u>Mary Fletcher Gant</u>                               |  |   | 14. NAME OF HUSBAND OR WIFE <u>Otis M. Koontz (dec)</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>  |  |   | 16. SOCIAL SECURITY NO. <u>500-28-1066</u>  |  | 17. INFORMANT Address <u>Merle Barchers, Richmond, Missouri</u>   |   |   |  |
| 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) <u>Electrolyte imbalance w/</u>   |  |   |   |  |   |   |   |  |
| DUE TO (b) <u>vomiting &amp; Colostomy 5-wks</u>  |  |   |   |  |   |   |   |  |
| DUE TO (c) <u>Carcinomatosis</u>  |  |   |   |  |   |   |   |  |
| 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 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 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>1957</u> to <u>1961</u> and last saw her <u>alive</u> on <u>July 11, 1961</u> . Death occurred at <u>1:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |  |   |   |   |  |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title)   |  |   |   | 22b. ADDRESS <u>MD Richmond</u>  |   |   | 22c. DATE SIGNED <u>7-15-61</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 23b. DATE <u>7-15-1961</u>  |   | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>  |   | 23d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u> |   |  |
| 24. FUNERAL DIRECTOR ADDRESS <u>Quest Life Funeral Home Richmond, Missouri</u>  |  |   | 25. DATE RECD. BY LOCAL REG. <u>7-18-1961</u>                                     |  | 26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>                  |   |   |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 George H. Cole

Licensed Embalmer No. 4066

P. O. Address Richmond,

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.