Health, Welfare Public Service

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1–57

FILED APR 20 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59–012894
STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 5438 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Brush Creek Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Owensville Route
Length of stay in 1b: 65 Yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gas.
c. CITY OR TOWN Owensville Mo. Route Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Owensville Mo. Route Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First AUGUST Middle JOHN HENRY Last KOHRMANN
4. DATE OF DEATH Month April Day 11 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 2 1873
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 4 Days 9 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Kohrmann
13b. MOTHER'S MAIDEN NAME Cozenna Huntemann
14. NAME OF HUSBAND OR WIFE Laura Kohrmann nee Bullington
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Kenneth Kohrmann Address Owensville Mo. R

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — Interval between onset and death: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arterial Sclerosis
DUE TO (c) an Coronary Artery Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Prostatic Hypertrophy 332.x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1958, to 4-11-59 and last saw him alive on 4-11-59
Death occurred at 11 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) [signature] MD
22b. ADDRESS [illegible] Mo
22c. DATE SIGNED 4-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 4-14-1959
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State) Oak Hill, Mo.
24. FUNERAL DIRECTOR Milford H.H. Winter ADDRESS Owensville
25. DATE RECD. BY LOCAL REG. April 14, 1959
26. REGISTRAR'S SIGNATURE Mrs. Marvin Tappmeyer

(Licensed Embalmer's statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Part I & II. No symptoms will be listed. All diseases in Part I must be causally related.

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 Me, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Mylford H. Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.