

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 118 Primary Registration District No. 5438 Registrar's No. 34 STATISTICAL FILE NUMBER 63-047604

DO NOT WRITE ON THIS STUB
AMENDED

FILED DEC 18 1963

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) Brush Creek Twp.		Length of stay in 1b Lifetime	c. CITY OR TOWN Owensville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Route 3
3. NAME OF DECEASED (Type or print) First Laura Middle Kohrman Last n			4. DATE OF DEATH Month December Day 12 Year 1963
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-31-1872
9. AGE (last birthday) 91		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Owensville, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James Bullington	
13b. MOTHER'S MAIDEN NAME Rachel Souders		14. NAME OF HUSBAND OR WIFE August Kohrman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Kenneth Kohrman - Owensville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 1 year
DUE TO (b) Chronic Myocardial Degeneration			3 years
DUE TO (c) Advanced Arteriosclerosis			3 years
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 5:30 a.m. A. Month, Day, Year 12-12-63	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 Owensville, Mo.	COUNTY Gasconade STATE Missouri
21. I attended the deceased from 1960 , to 12-12-63 and last saw her alive on 12-10-63 Death occurred at 5:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Renee Brewer, MD</i>		22b. ADDRESS Owensville, Mo.	22c. DATE SIGNED 12-13-63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-14-1963	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) Oak Hill, Mo.
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home ADDRESS Owensville, Mo.		25. DATE RECD. BY LOCAL REG. December 13, 1963	26. REGISTRAR'S SIGNATURE <i>Mrs. Marina Appmeyer</i>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

