

No. 300  
10.48

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32640

State File No. ....

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY OR TOWN <b>R.R. # 2 S. MONITEAU</b>		c. CITY OR TOWN <b>R.R. # 2</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>TWP. 30 yr</b>		e. STREET ADDRESS (If rural, give location) <b>02 110</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>California, RR #2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Selma</b> b. (Middle) <b>FRIEDA</b> c. (Last) <b>KOBEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 24 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 14 - 1893</b>
9. AGE (In years last birthday) <b>62</b> Months <b>8</b> Days <b>10</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. KIND OF BUSINESS OR INDUSTRY		12. BIRTHPLACE (City and State or Foreign Country) <b>Cooper Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry Ernst</b>		13b. MOTHER'S MAIDEN NAME <b>Pauline Tutschky</b>	
14. NAME OF HUSBAND OR WIFE <b>John Kobel</b>		15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Kobel</b> ADDRESS <b>California Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crowary thrombosis</b>			
ANTECEDENT CAUSES (b) <b>Chronic myocarditis</b> DUE TO (c) <b>1 year</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <b>4301</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) <b>Rural Route 2 Cooper Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>May 1 1943</b> to <b>Sept. 24 1955</b> , that I last saw the deceased alive on <b>Sept 23 1955</b> , and that death occurred at <b>4 10 PM</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Deponent title) <b>[Signature]</b>		23b. ADDRESS <b>California</b>	
23c. DATE SIGNED <b>9/26/55</b>			
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-27-1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Moniteau Evangelical</b>		24d. LOCATION (City, town, or county) (State) <b>Moniteau Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 26 1955</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Hugh E. Williams</b>		ADDRESS <b>California Mo</b>	

REGISTRATION TO THE BOARD OF EMBALMERS  
STATE OF CALIFORNIA

CS 10  
CS 10

JUN 21 1958

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 *Hugh E. Williams*

Licensed Embalmer No... 353

P. O. Address *California*

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.