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STATE OF MISSOURI }
CITY OF JEFFERSON } SS I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

Garland H. Land

Garland H. Land
State Registrar of Vital Statistics

JAN 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30748

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 121

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution) a. STATE Mo. b. COUNTY Lawrence | |
| b. CITY (If outside corporate limits, write RURAL and give township) Town Monett, Mo. | | c. CITY OR TOWN Pierce City | |
| c. LENGTH OF STAY (in this place) 2 1/2 | | d. STREET ADDRESS (If rural, give location) 1 mile north of Pierce City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincents Hospital | | 4. DATE OF DEATH (Month) Day Year 8 17 1957 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Koerper | | 9. AGE (In years, Months, Days) 70 | |
| 5. SEX M | | 6. COLOR OR RACE W | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | | 8. DATE OF BIRTH 4/4/1881 | |
| 10a. USUAL OCCUPATION (Give kind of work) Mechanic | | 10b. KIND OF BUSINESS OR INDUSTRIAL WORK Industrial work | |
| 11. BIRTHPLACE (City and State or Foreign Country) Dayton Ohio | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME unknown | |
| 14. NAME OF HUSBAND OR WIFE Gertrude Koerper (deceased) | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Margret Koerper Monett, Mo. ADDRESS | |

| | | | | | |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion | | ANTECEDENT CAUSES | | 4 minutes | |
| *This does not mean: a. minor of drugs, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | b. OTHER SIGNIFICANT CONDITIONS (b) Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

FOR GENEALOGY PURPOSES

| | | | | | |
|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Time) | | 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 Sept 9, 1952 to Aug 17, 1957, that I last saw the deceased alive on May 15, 1957, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE Charles A. Speare, M.D. (Degree or title) | | 23b. ADDRESS Pierce City, Mo. | | 23c. DATE SIGNED 8-21-57 | |
| 24a. BURIAL, CREMATION, etc. (Specify) | | 24b. DATE 8/21/57 | | 24c. NAME OF CEMETERY OR CREMATORY St. Marys | |
| 24d. LOCATION (City, town, or county) (State) Pierce City Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. Cassell Pierce City, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)