

FILED JAN 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

509

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. ....

16  
2  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived.) (If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmfleet Mo</u>	
c. LENGTH OF STAY (In this place) <u>6 MO</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Spreading Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucenda</u> b. (Middle) <u>Thurman</u> c. (Last) <u>Kuehle</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Unmarried</u>	8. DATE OF BIRTH <u>Feb 21-1906</u>	9. AGE (In years last birthday) <u>42</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>0</u> IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Grand Tower Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Robert (Deceased)</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jack Smith</u>	ADDRESS <u>Farmfleet</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>None known</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from Dec 9, 1948, to Jan 21, 1949, that I last saw the deceased alive on Dec 8, 1948, and that death occurred at m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. G. Scribner M.D.</u>	23b. ADDRESS <u>Jackson Mo</u>	23c. DATE SIGNED <u>1-22-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>	24b. DATE <u>Jan 23-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand Tower Ill.</u>	24d. LOCATION (City, town, or county) (State) <u>Grand Tower Ill.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan 22-49</u>	REGISTRAR'S SIGNATURE <u>D. G. Scribner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jan H. Howell</u>	ADDRESS <u>Cape Gir. Mo</u>
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RECEIVED

Public Health Officer No. 4  
File Number 149-117  
Date Filed 1-24-49

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.

Signed W. H. Estess

Signed.....  
Student Embalmer

Licensed Embalmer No. 8568

P. O. Address Cape Girardeau

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 this body is not embalmed, fact should be so stated above.