

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48
269

FILED APR 14 1949

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5307 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville - Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville - Rural</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>L.</u> c. (Last) <u>Fluegel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>1883</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR: Months <u>5</u> Days <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Russellville Mo</u>	
				12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Andrew Fluegel</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Kirchner</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Fluegel</u> ADDRESS <u>Russellville, Mo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arthritis</u> DUE TO (c) <u>Chronic Malnutrition</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>724X</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Apr 3rd, 1949, to Apr 7th, 1949, that I last saw the deceased alive on Apr 7th, 1949, and that death occurred at 7:30 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. E. E. Elbert</u>		23b. ADDRESS <u>Russellville Mo</u>		23c. DATE SIGNED <u>4/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	
				24d. LOCATION (City, town, or county) (State) <u>Russellville Mo</u>	

DATE REC'D BY LOCAL REG. <u>Apr. 8</u>		REGISTRAR'S SIGNATURE <u>Mrs. Mimmie Kittermeyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo W. Schuber</u> ADDRESS <u>Russellville Mo</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9
District Health Officer
Date Filed APR 13 1948

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
Student Embalmer

Signed W. H. Schuchert

Licensed Embalmer No. 2820

P. O. Address Russellville

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.