

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18248

State File No. \_\_\_\_\_

FILED JUN 9 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 106

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	c. LENGTH OF STAY (In this place) <u>27 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>712 East Mitchell St.</u>		d. STREET ADDRESS (If rural, give location) <u>712 East Mitchell St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Norvell</u> c. (Last) <u>Kueck</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1949.</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April 28, 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>	IF UNDER 24 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, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House keeping</u>	11. BIRTHPLACE (State or foreign country) <u>Nashville, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Rufus Norvell</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Winfrey</u>	14. NAME OF HUSBAND OR WIFE <u>August Henry Kueck</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 ADDRESS <u>Walter Aregood, Rising City, Neb.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis (apoplexy)</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>33 1/2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OR OPERABLE LESIONS _____		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) <u>Marshall Saline Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from April 19, 1949, to May 28, 1949, that I last saw the deceased alive on May 28, 1949, and that death occurred at 2:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Aregood</u>	23b. ADDRESS <u>Marshall, Mo</u>	23c. DATE SIGNED <u>May 30, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 30 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Nebo cemetery</u>	24d. LOCATION (City, town, or county) <u>Grand Pass, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 30-1949</u>	REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Campbell-Lewis Marshall Mo.</u>
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JUN 6 Rec'd

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-8-49

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 R. W. Campbell Jr.

Signed.....  
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall

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.