S. No. 300
. 10.48

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29530

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 300

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (In this place): 3 WKS 5 DAS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. EAST Mo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Bollinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Patton
d. STREET ADDRESS (If rural, give location): 9 / 110 1

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELIZABETH
c. (Last): KUHLMAN

4. DATE OF DEATH (Month) (Day) (Year): 9 - 3 - 1949

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 19, 1873
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 0, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWF.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): PATTON, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY J. SMITH
13b. MOTHER'S MAIDEN NAME: ROSANA E. LANCE
14. NAME OF HUSBAND OR WIFE: WILLIAM F. KUHLMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: E. O. KUHLMAN
ADDRESS: 1854 THILENIUS CAPE GIRARDEAU

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr 1949

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic cardiovascular renal disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*: Cholecystitis + cholelithiasis; Primary anemia — 584X

19a. DATE OF OPERATION: 8/18/49
19b. MAJOR FINDINGS OF OPERATION: Cholecystitis + lithiasis c stones in common duct
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/8, 1949 *to* 9/3, 1949, *that I last saw the deceased alive on* Sept 3, 1949, *and that death occurred at* 3:40 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Girolinger, M.D.
(Degree or title)
23b. ADDRESS: Jackson, Mo
23c. DATE SIGNED: 9/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-5-49
24c. NAME OF CEMETERY OR CREMATORY: PATTON, CEM.
24d. LOCATION (City, town, or county) (State): PATTON Mo.

DATE REC'D BY LOCAL REG.: 9-7-1949
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: BAKER FUNERAL HOME
ADDRESS: LUTESVILLE Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

16 / 4 / 3

Transcribe, Jackson, Mo

RECEIVED 9-12-49

District Health Officer No. 4

District File Number 949-1201

Date Filed

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 J. E. Gresham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Mo.

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.