

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33493

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5-425 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MO b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BOBUE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BOBUE	
c. LENGTH OF STAY (In this place) 1		d. STREET ADDRESS (If rural, give location) 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) MARTIN a. (First) J b. (Middle) KUGEL c. (Last)			4. DATE OF DEATH 10 26-49 (Month) (Day) (Year)			
5. SEX MALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		
8. DATE OF BIRTH JAN-4-1905		9. AGE (In years last birthday) 44		10. IF UNDER 1 YEAR Months 9 Days 22		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NEW HAVEN CT		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME JACOB KUGEL		13b. MOTHER'S MAIDEN NAME LENA ALBERSWERTH Kugel		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Mrs. Martin Kugel		18. ADDRESS Franklin, Mo.				

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Tumor of the Brain		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b)			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		193X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no 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)		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 **3/14/49**, 19**49**, to **10/26**, 19**49**, that I last saw the deceased alive on **10/26/49**, 19**49**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE B. P. Eismann M.D. (Degree or title)		23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 10/28/49	
24a. BURIAL PLACE (If not in a cemetery, give address)		24b. DATE 10-29-49		24c. NAME OF CEMETERY OR CREMATORY Brook Grove	
24d. LOCATION (City, town, or county) (State) Franklin, Mo.		25. SUMMER DIRECTOR'S SIGNATURE W. B. ...		ADDRESS Franklin, Mo.	

DATE REC'D BY LOCAL REG. Oct-18-49		REGISTRAR'S SIGNATURE Jeffie ...		25. SUMMER DIRECTOR'S SIGNATURE W. B. ...		ADDRESS Franklin, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1950

RECEIVED
NOV 1 1949
District Health Officer No. 9
District File Number

MAR 28 1950

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 Earl Festig

Licensed Embalmer No. 3383

P. O. Address Greenbaum Pa

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.