

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

758

State File No.

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5436 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp.</u>	
c. LENGTH OF STAY (in this place) <u>50 Yr.</u>		d. STREET ADDRESS (If rural, give location) <u>Owensville Mo. Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home Owensville Mo. R. 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rudolph</u> b. (Middle) _____ c. (Last) <u>Kueffer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 3 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 27 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Bern Switzerland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Rudolph Kueffer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Schneider</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Kueffer nee Frick</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>Ralph Kueffer Owensville Mo. R. 2.</u>	ADDRESS <u>_____</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 dys.</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>Arteriosclerosis, advanced</u>		

19a. DATE OF OPERATION _____	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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from 12-30, 1949, to Jan. 3, 1950, that I last saw the deceased alive on 1-2, 1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Brenner, M.D.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>1-5-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 6 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zions E. & R. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bay Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/6/50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	102 F. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>OWENSVILLE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

370

District File Number _____
District Health Officer No. 9,

RECEIVED
MAY 4 1951

MAY 15 1951

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 _____
Student Embalmer _____
Licensed Embalmer No. 3838
P. O. Address OWENSVILLE, 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.