

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17190**

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>	
c. LENGTH OF STAY (in this place) <u>10 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0501</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Sophia</u> b. (Middle) _____ c. (Last) <u>Kuechlin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 - 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 30 - 1874</u>
9. AGE (In years last birthday) <u>65</u> if UNDER 1 YEAR Months <u>4</u> Days <u>10</u> if UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bonne Terre Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Kuechlin</u>
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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hazel Fults</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>March</u> , 19 <u>49</u> , to <u>4-10-1950</u> ; that I last saw the deceased alive on <u>April 1st</u> , 19 <u>50</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. S. Vinyard</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Crystal City, MO</u>	23c. DATE SIGNED <u>4-19-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cem. Bonne Terre Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>
DATE REC'D BY LOCAL REG. <u>4/11/50</u>	REGISTRAR'S SIGNATURE <u>(Miss) Gallaville</u>	142	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Vinyard</u> ADDRESS <u>Festus Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

550/1

JEFFERSON COUNTY HEALTH DEPT.
COLUMBIA, MISSOURI
DATE RECEIVED 5-16-50

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 James J. Combsford

Licensed Embalmer No. 4744

P. O. Address Crystal City, 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.