

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20964

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <i>Mississippi</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Miss.</i>	
b. CITY OR TOWN <i>East Prairie</i>		c. CITY OR TOWN <i>East Prairie</i>	
c. LENGTH OF STAY (in this place) <i>40 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>9</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <i>CHRISTIAN</i> b. (Middle) <i>ARNOLD</i> c. (Last) <i>KUEHNER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 28, 1950</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 29, 1872</i>
9. AGE (In years last birthday) <i>77</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>merchant</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>merchant</i>		11. BIRTHPLACE (State or foreign country) <i>Millstadt, Ill.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Peter Kuehner</i>	
13b. MOTHER'S MAIDEN NAME <i>Margaret Fath</i>		14. NAME OF HUSBAND OR WIFE <i>Lillie E. Kuehner</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. H. L. Benson - East Prairie, Mo.</i>		ADDRESS _____	
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) <i>Cancer Liver</i> INTERVAL BETWEEN ONSET AND DEATH <i>47MO.</i> 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. <i>156A</i>	
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) _____		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 <i>June 10, 1950</i> , to <i>April 28, 1950</i> , that I last saw the deceased alive on <i>April 28, 1950</i> , and that death occurred at <i>12:00</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>A. J. Martini M.D.</i> (Degree or title)		23b. ADDRESS <i>East Prairie, Mo. 6550</i>	
23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April 30, 1950</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>I. O. O. F. Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Charleston, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>June 10/1950</i>		REGISTRAR'S SIGNATURE <i>Anna Harper</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>David Shelby</i>		ADDRESS <i>East Prairie</i>	

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

0671

JUN 12 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUN 1 6 1950

JUL 8 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 *David Shelby*

Licensed Embalmer No. *2226*

P. O. Address *East Grand 70*

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.

