

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24137

State File No.

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY OR TOWN Stover
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY Morgan
c. CITY OR TOWN Stover
d. STREET ADDRESS 0710

3. NAME OF DECEASED
a. (First) Fred b. (Middle) C. c. (Last) Kueck

4. DATE OF DEATH (Month) (Day) (Year)
July 11 1950

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
Dec. 13, 1867

9. AGE (in years last birthday) 82
If UNDER 1 YEAR: Months 6 Days 28
If UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY
Repair Shop

11. BIRTHPLACE (State or foreign country)
Takecreek Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
Dietrich Kueck

13b. MOTHER'S MAIDEN NAME
Margaret Gruber

14. NAME OF HUSBAND OR WIFE
Ide Kueck

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 ADDRESS
Edwin Kueck, Stover, Missouri

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) curboses of liver
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) embolism
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 year

5810

19a. DATE OF OPERATION
none

19b. MAJOR FINDINGS OF OPERATION

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)

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 Sept 1, 1949, to July 11, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE A. J. Gunn (Degree or title)

23b. ADDRESS Des Moines Mo

23c. DATE SIGNED 7/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE July 13, 1950

24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery

24d. LOCATION (City, town, or county) (State)
Stover, Mo.

DATE REC'D BY LOCAL REG. July 14th 1950

REGISTRAR'S SIGNATURE Wm. L. Kipper

25. FUNERAL DIRECTOR'S SIGNATURE J. L. Stearnson

ADDRESS Stover Mo.

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

RECEIVED 7-17-70
DISTRICT HEALTH OFFICE No. 3
District File Number -----
Date Filed 7-17-70 -----

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *J. H. Stearns*
Licensed Embalmer No. *4073*
P. O. Address *Storer, Ma.*

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.