

S. No. 300
V. 10.48

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40048**
Registrar's No. **98**

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5782		Registrar's No. 98	
1. PLACE OF DEATH a. COUNTY Cape Girardeau,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shawnee town Mo		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shawneetown Mo.		d. STREET ADDRESS (If rural, give location) 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shawnee town Mo,				3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) C c. (Last) Kuegele			
4. DATE OF DEATH (Month) (Day) (Year) Nov 22 1950		5. SEX Femal		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 1 1889		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR 6 Months 21 Days		IF UNDER 24 HRS. _____ Hours _____ Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Bear Creek Wisconsin		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Robert Jank		13b. MOTHER'S MAIDEN NAME Therese Boehme		14. NAME OF HUSBAND OR WIFE Martin F Kuegele			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Rev Martin Kuegele ADDRESS Shawneetown Mo			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Embolism DUE TO (c) Chronic Myocarditis Rheumatic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 day 2 days 2 1/2 yrs 33 1/2	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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) _____		21f. HOW DID INJURY OCCUR _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from May 11 , 19 48 , to Nov. 22 , 19 50 , that I last saw the deceased alive on Nov. 21st , 19 50 , and that death occurred at 2:30 P m., from the causes and on the date stated above.			
23a. SIGNATURE Theodore Fischer (Degree or title) D. D.		23b. ADDRESS 1500 Altenburg, Mo.		23c. DATE SIGNED 11/24/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 25 1950		24c. NAME OF CEMETERY OR CREMATORY Shawnee town Lutheran		24d. LOCATION (City, town, or county) (State) Shawnee town Mo	
DATE REC'D BY LOCAL REG Nov 26 50		REGISTRAR'S SIGNATURE D. G. Seibert 48		FUNERAL DIRECTOR'S SIGNATURE McComb Funeral Home ADDRESS Jackson Mo			

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

RECEIVED

DEC 15 1950

DISTRICT HEALTH OFFICE No.

File No.

JAN 4 1951

MAY 1 1952

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 BA Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.