

STANDARD CERTIFICATE OF DEATH

State File No. **22522**

FILED JUL 18 1951

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **855**

0277

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY COOPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY HOWARD | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLASGOW | |
| c. LENGTH OF STAY (In the place) 6 hrs | | d. STREET ADDRESS (If rural, give location) 645 RANDOLPH | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPHS | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED a. (First) MARY b. (Middle) WACHTER c. (Last) KUEMME | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 5 1951 | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | |
| 8. DATE OF BIRTH MAR 29, 1876 | | 9. AGE (In years last birthday) 80 | | IF UNDER 1 YEAR Months Days Hours Mtn. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HER HOME | | 11. BIRTHPLACE (State or foreign country) GLASGOW MO. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME CASPER WACHTER | | 13b. MOTHER'S MAIDEN NAME MARY VOSSLER | | 14. NAME OF HUSBAND OR WIFE FRED KUEMME | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME Casper Wachter Glasgow 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Intestinal obstruction - colon | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Carcinoma of colon (?) | | ? | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck of right humerus 6 days | | | |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION none performed. | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., to 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 **July 4, 1951**, to **July 5, 1951**, that I last saw the deceased alive on **July 4, 1951**, and that death occurred at **4a** m., from the causes and on the date stated above.

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|--|--|------------------------------------|--|--|--|
| 23a. SIGNATURE J. C. Williams, M.D. (Degree or title) | | 23b. ADDRESS Boonville, Mo. | | 23c. DATE SIGNED 7/5/51 | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) | | 24b. DATE July 8, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Washington | |
| 24d. LOCATION (City, town, or county) (State) Glasgow Mo. | | | | | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 7-8-51 | | REGISTRAR'S SIGNATURE D. Hooper | | FUNERAL DIRECTOR'S SIGNATURE W. Dudley | |
| | | ADDRESS Boonville, Mo. | | ADDRESS Glasgow Mo. | |

RECEIVED 7-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-17-51

JUL 27 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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Student Embalmer No. _____
Signed *W. J. Hutchinson*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.